

*Kelly Conrad Green II v
Corizon Health, Inc., et al.*

*Kirstin White
January 27, 2014*



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**Kelly Conrad Green II v
Corizon Health, Inc., et al.**

**Kirstin White
January 27, 2014**

<p>IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF OREGON</p> <p>KELLY CONRAD GREEN II, an) individual by and through his) Guardian ad litem Derek Johnson,) Plaintiff,) v.) No. 6:13-cv-01855-T CORIZON HEALTH, INC., a) PORTIONS OF Tennessee Corporation; et al.,) TRANSCRIPT ARE Defendants.) CONFIDENTIAL</p> <p>DEPOSITION OF KIRSTIN WHITE January 27, 2014 Tuesday 1:00 P.M.</p> <p>THE VIDEOTAPED DEPOSITION OF KIRSTIN WHITE was taken at 172 East 8th Avenue, Eugene, Oregon, before Eleanor G. Knapp, CSR-RPR, Certified Shorthand Reporter in and for the State of Oregon.</p>	<p style="text-align: right;">INDEX</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">WITNESS.....</th> <th style="text-align: right; width: 40%;">PAGE</th> </tr> </thead> <tbody> <tr> <td>KIRSTIN WHITE BY MR. ROSENTHAL</td> <td style="text-align: right;">5</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <th style="text-align: left;">EXHIBITS.....</th> <th style="text-align: right;">PAGE</th> </tr> <tr> <td>No. 49 Temporary Affiliation Approval</td> <td style="text-align: right;">42</td> </tr> <tr> <td>No. 50 Temporary Affiliation Approval</td> <td style="text-align: right;">43</td> </tr> <tr> <td>No. 51 Corrective Action memo</td> <td style="text-align: right;">56</td> </tr> <tr> <td>No. 52 Application for Employment</td> <td style="text-align: right;">56</td> </tr> <tr> <td>No. 53 Intake and Receiving Screening</td> <td style="text-align: right;">68</td> </tr> <tr> <td>No. 54 Nursing Encounter Tool, Altered Mental State</td> <td style="text-align: right;">142</td> </tr> <tr> <td>No. 55 Nursing Encounter Tool, Head Injury</td> <td style="text-align: right;">144</td> </tr> <tr> <td>No. 56 New Employee Orientation, Part II</td> <td style="text-align: right;">144</td> </tr> <tr> <td>No. 57 Emergency Room Referral</td> <td style="text-align: right;">147</td> </tr> <tr> <td>No. 58 Mental Health Evaluation Tools: Suicide Watch Status</td> <td style="text-align: right;">154</td> </tr> <tr> <td>No. 59 Suicide Precaution Form</td> <td style="text-align: right;">158</td> </tr> <tr> <td>No. 60 Notice of Director's Hold</td> <td style="text-align: right;">163</td> </tr> <tr> <td>No. 61 WFC Adjustment Form</td> <td style="text-align: right;">165</td> </tr> </tbody> </table>	WITNESS.....	PAGE	KIRSTIN WHITE BY MR. ROSENTHAL	5	 		EXHIBITS.....	PAGE	No. 49 Temporary Affiliation Approval	42	No. 50 Temporary Affiliation Approval	43	No. 51 Corrective Action memo	56	No. 52 Application for Employment	56	No. 53 Intake and Receiving Screening	68	No. 54 Nursing Encounter Tool, Altered Mental State	142	No. 55 Nursing Encounter Tool, Head Injury	144	No. 56 New Employee Orientation, Part II	144	No. 57 Emergency Room Referral	147	No. 58 Mental Health Evaluation Tools: Suicide Watch Status	154	No. 59 Suicide Precaution Form	158	No. 60 Notice of Director's Hold	163	No. 61 WFC Adjustment Form	165
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<p>APPEARANCES</p> <p>For the Plaintiff: ROSENTHAL GREENE & DEVLIN 121 SW Salmon Street, Suite 1090 Portland, OR 97204 503-228-3015 BY: MR. ELDEN ROSENTHAL MR. JOHN DEVLIN</p> <p>For Corizon Defendants: STEWART SOKOL & GRAY, LLC 2300 SW First Avenue, Suite 200 Portland, OR 97201 503-221-0699 BY: MR. JAMES DAIGLE MR. ROBERT COLEMAN</p> <p>For Lane County Defendants: OFFICE OF LEGAL COUNSEL LANE COUNTY COURTHOUSE 125 East 8th Avenue Eugene, OR 97401 541-682-3728 BY: MR. SEBASTIAN NEWTON-TAPIA</p> <p>Videotaped by: VERBATIM VIDEO, BEN BOCHNER</p> <p>Reported by: ELEANOR G. KNAPP, CSR-RPR CC REPORTING & VIDEOCONFERENCING</p>	<p>Page 2</p> <p style="text-align: right;">INDEX</p> <p>(continued)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">MARKED TEXT.....</th> <th style="text-align: right; width: 40%;">PAGE/LINE</th> </tr> </thead> <tbody> <tr> <td>Information regarding textbooks</td> <td style="text-align: right;">38/2</td> </tr> <tr> <td>Training notebook</td> <td style="text-align: right;">61/9</td> </tr> <tr> <td>Time card</td> <td style="text-align: right;">152/13</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <th style="text-align: left;">CONFIDENTIAL TESTIMONY</th> <th></th> </tr> <tr> <td>Page 20, line 15, through page 20, line 24</td> <td></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Page 38, line 9, through page 49, line 9</td> <td></td> </tr> </tbody> </table>	MARKED TEXT.....	PAGE/LINE	Information regarding textbooks	38/2	Training notebook	61/9	Time card	152/13	 		CONFIDENTIAL TESTIMONY		Page 20, line 15, through page 20, line 24		 		Page 38, line 9, through page 49, line 9																	
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<p style="text-align: right;">Page 5</p> <p>1 KIRSTIN WHITE, 2 having been first duly sworn to testify the truth, 3 the whole truth, and nothing but the truth, was 4 examined and testified as follows:</p> <p>5</p> <p style="text-align: center;">EXAMINATION</p> <p>6 BY MR. ROSENTHAL:</p> <p>7 Q. Good afternoon.</p> <p>8 A. Hi.</p> <p>9 Q. We briefly introduced ourselves before. 10 Again, my name is Elden Rosenthal. I'm a lawyer 11 from Portland, Oregon.</p> <p>12 You may be aware of this. Mr. Green has 13 passed away. He died in December. So I represent 14 his estate, his family, and my goal here is to find 15 out things that you know about. And I'm not going 16 to try to trick you or fool you or play any word 17 games with you. Please, if you don't understand my 18 question, ask me to repeat it --</p> <p>19 A. Okay.</p> <p>20 Q. -- or rephrase it. If I repeat a 21 question, again, it's not because I want you to 22 change your answer. It's that sometimes when I'm 23 thinking about things and listening to you I miss 24 something, and I just ask it again to make sure I</p>	<p style="text-align: right;">Page 7</p> <p>1 Q. When Mr. Green was injured in February of 2 2013, you were part-time?</p> <p>3 A. Yes.</p> <p>4 Q. And how many hours were you working?</p> <p>5 A. About 16 a week.</p> <p>6 Q. I just want to be sure I understand. You 7 were hired in June of 2012. That's when the job was 8 offered to you?</p> <p>9 A. Yes.</p> <p>10 Q. But you didn't do any work for Corizon 11 until October?</p> <p>12 A. Correct.</p> <p>13 Q. Why did you seek employment with Corizon?</p> <p>14 A. I was looking for something part-time. 15 Just thought it would be an interesting place to be.</p> <p>16 Q. When did you -- you are a physician's 17 assistant. Right?</p> <p>18 A. Correct.</p> <p>19 Q. When did you become a physician's 20 assistant, what year?</p> <p>21 A. 2003.</p> <p>22 Q. I've looked at a bunch of records. Now 23 that I'm hearing you, I seem to remember it was in 24 Chicago?</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 6</p> <p>1 got it right.</p> <p>2 A. Okay.</p> <p>3 Q. It's real normal in regular conversation 4 to answer somebody's question before they finish 5 because you know exactly where they are going. I do 6 the same thing all the time. But in the deposition 7 process, for the court reporter's sake if you could 8 wait till I'm done before you answer it would be 9 better.</p> <p>10 A. Okay.</p> <p>11 Q. Thanks. How are you currently employed?</p> <p>12 A. I am full-time with the Lane County jail 13 with Corizon.</p> <p>14 Q. So you are still here with Lane County.</p> <p>15 A. Yes. Yes.</p> <p>16 Q. When did you start with Corizon?</p> <p>17 A. I was officially hired in June of 2012, 18 and I came on and started actually working in 19 October of 2012.</p> <p>20 Q. So when you were hired in June of 2012, 21 was that for a full-time position?</p> <p>22 A. No. It was part-time.</p> <p>23 Q. When did you become full-time?</p> <p>24 A. Probably about six months ago. I don't 25 have exact dates. I apologize.</p>	<p style="text-align: right;">Page 8</p> <p>1 Q. How long a program was that?</p> <p>2 A. Two years.</p> <p>3 Q. What was your formal education before 4 becoming a physician's assistant?</p> <p>5 A. Bachelor's degree in human sciences and 6 biology.</p> <p>7 Q. From where?</p> <p>8 A. Linfield.</p> <p>9 Q. What year did you get your bachelor's 10 degree?</p> <p>11 A. '97.</p> <p>12 Q. What did you do employment-wise between 13 '97 and the time you went back to Chicago to go to 14 PA school?</p> <p>15 A. I worked for Community Tissue Services. 16 We recovered skin and bones and heart valves and 17 veins for transplant.</p> <p>18 Q. What was your role?</p> <p>19 A. I was a coordinator. I did the actual 20 recovery and coordinated care between hospitals and 21 families and the actual recovery of tissue.</p> <p>22 Q. Would you take the tissue out of the dead 23 person's body?</p> <p>24 A. Yes.</p> <p>25 Q. And what years did you do that?</p>

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<p style="text-align: right;">Page 13</p> <p>1 Q. So the program is a two-year program? 2 A. Correct. 3 Q. Is it a full yearlong program as opposed 4 to having a summer off? 5 A. It's full, yeah, full -- two full years, 6 yes. 7 Q. And did you have a particular guidance 8 counselor or person at the -- in that program who 9 knows -- who knew how you were doing and kept track 10 -- if you had problems you would go to that person? 11 Was there anything like that? 12 A. Not particularly. It was a small program. 13 I think there were 40 of us, so it wasn't -- if 14 there were any issues, I mean, they probably would 15 have been taken care of by whoever you were having 16 the issue with. 17 Q. You didn't have a particular academic 18 mentor? 19 A. No. 20 Q. Were the classes there pass/fail? 21 A. No. 22 Q. What was your grade point? 23 A. 3.96, if I'm not mistaken. 24 Q. So I may have been confused about this, 25 but I was -- I thought I read somewhere that you</p>	<p style="text-align: right;">Page 15</p> <p>1 Q. So were you unemployed from the time you 2 left Illinois until you got the job with Corizon? 3 A. No. And I need to retract something I 4 just said. 5 Q. Okay. 6 A. I worked briefly for Oregon Neurosurgery 7 Specialists. 8 Q. For who? 9 A. Oregon Neurosurgery Specialists at 10 RiverBend. And I worked for them for about six 11 weeks. And it wasn't working out and they 12 terminated me. 13 Q. Do you know why they terminated you? 14 A. It wasn't -- personality issues, I'm 15 pretty sure. 16 Q. Who was your supervisor? 17 A. Drs. Daniel Hutton and Bob Hacker. 18 Q. When were you terminated approximately? 19 A. Spring of 2012. 20 Q. And you had only worked there a couple of 21 months? 22 A. Mm-hmm. 23 Q. Does Corizon -- during your employment 24 with Corizon, do they communicate with the health 25 team from the national headquarters in any regular</p>
<p style="text-align: right;">Page 14</p> <p>1 left Lane County for some period of time. 2 A. No. 3 Q. Maybe I'm mixing your records up with 4 someone else's. So you got your PA degree in 2003. 5 What did you do between then and when you went to 6 work at Lane County work-wise? 7 A. We were still living north of Chicago, and 8 I worked for, first, Saint Therese. It was a 9 hospital. I worked in the ER as a PA. And then 10 Saint Therese closed and we went to the sister 11 hospital across town in Waukegan, Victory Hospital. 12 And then I moved over to Condell Medical Center in 13 Libertyville. 14 Q. Have you ever been disciplined or lost any 15 job as a PA? 16 A. No. 17 Q. Have you been awarded any awards or prizes 18 during your -- either your academic PA career or 19 working as a PA? 20 A. No. 21 Q. Tell me again when you left the Midwest, 22 when you left Illinois. What year was that? 23 A. 2011. 24 Q. Where did you go? 25 A. To Eugene.</p>	<p style="text-align: right;">Page 16</p> <p>1 way with a blog or a newsletter or anything like 2 that? I know a lot of companies have some kind of 3 internal communications. 4 A. We do. We have newsletters. I can't say 5 I've ever sat down and truly read one. But we have 6 a weekly or an every-other-week conference call with 7 all the providers and the medical director. So any 8 issues that arise or any -- anything that needs to 9 be addressed is done at that time. 10 Q. Does that call involve anybody back in 11 Tennessee? 12 A. Yes. 13 Q. Who back in Tennessee would be involved in 14 that call? 15 A. We've just had a pretty big shakeup in our 16 administration, so I know George -- and I can't tell 17 you his last name. I apologize. 18 Q. George. Is he the current person who is 19 involved in those calls? 20 A. He is one of them. There's -- every 21 western jail is involved, so all the providers, our 22 regional medical director. George is sometimes 23 there. This is mostly providers. 24 Q. When you say providers -- 25 A. Doctors and PAs. But occasionally there</p>

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<p style="text-align: right;">Page 17</p> <p>1 is someone from Tennessee. 2 Q. I'm sorry to belabor this, but I want to 3 be sure I understand it before we go on to another 4 topic. Either once a week or once every other week 5 these conference calls take place. 6 A. Correct. 7 Q. And during these conference calls, the 8 physicians and PAs that are Corizon employees in the 9 western states are on the phone? 10 A. Yes. 11 Q. Who would be on the phone from Lane County 12 on one of those calls? 13 A. Myself and Dr. Montoya and Kevin Mishler, 14 our HSA or human services administrator. 15 Q. And there are similar representation from 16 the various jails where Corizon -- 17 A. Correct. 18 Q. -- has contracts? 19 A. Correct. 20 Q. Who from Tennessee is on the call? Is it 21 a vice president? Is it the president? 22 A. You know, I'm not -- to be honest, I'm not 23 sure. I know there are people who -- a big thing 24 that we discuss is what inmates we have outside of 25 the facilities in hospitals. And some of the people</p>	<p style="text-align: right;">Page 19</p> <p>1 discussion about the fact that these patients who 2 are in the hospitals are paid for by Corizon under 3 the various contracts they have? 4 A. No, not -- I mean, not that I'm -- not 5 that I'm really aware of. I mean, I know -- I do 6 understand that Corizon does pay for that. However, 7 that's not ever a big topic of conversation. 8 Q. Is there an effort in these calls to try 9 to minimize the amount of times that inmates are 10 sent out -- away from jails to hospitals? 11 A. Yes. However, when there's any kind of 12 doubt, we have sort of a saying: When in doubt, 13 send them out. 14 Q. When you say we have the saying, is that 15 everybody on the conference call or is that a local 16 thing? 17 A. That pretty much Corizon. If there's any 18 concern at all, we try to get somebody out of the 19 building. 20 Q. Have you ever served as an HSA? 21 A. No. 22 Q. And who was the HSA within the Lane County 23 jail in February 2013? 24 A. Vicki Thomas. 25 Q. And was she the first HSA you worked under</p>
<p style="text-align: right;">Page 18</p> <p>1 who track that, they are from Tennessee, and I 2 couldn't tell you exactly who. I do not have a lot 3 of direct contact with them. 4 Q. So these calls, how long do they usually 5 last? 6 A. Anywhere from 20 minutes to an hour and a 7 half depending on how many people we've got out at 8 the hospital, if there's any issues that we need to 9 discuss. 10 Q. During one of these calls would you say 11 that 10 percent of the time you are talking about 12 patients in the hospitals or about 50 percent of the 13 time or about 90 percent of the time? What percent 14 of the time in these calls are you talking about 15 patients that are out in hospitals? 16 A. I would probably say 80 to 90 percent, the 17 big majority. 18 Q. And what do you understand the purpose of 19 this conversation to be? 20 A. So we -- we talk and -- you know, who is 21 sending who out? Are we having a lot of send-outs 22 that are coming right back? Are we having fewer 23 send-outs that are staying in the hospital? Just so 24 everyone is kind of on the same page. 25 Q. Is it -- during these calls is there a</p>	<p style="text-align: right;">Page 20</p> <p>1 in the Lane County jail? 2 A. No. 3 Q. Who was the first one? 4 A. His name is David Dearling. 5 Q. Do you know how to spell his last name? 6 A. D-e-a-r-l-i-n-g. 7 Q. So was he the person when you started in 8 October? 9 A. Mm-hmm. 10 Q. Then was Ms. Thomas the next person? 11 A. Yes. She was interim while they found the 12 one that we currently have. 13 (The following portion of the 14 transcript is confidential.) 15 Q. Why did Mr. Dearling leave? Do you know? 16 A. Yes. 17 Q. What was the reason? 18 A. He was terminated. 19 Q. Do you know why? 20 A. For just not being able to do the job 21 appropriately and efficiently. 22 MR. DAIGLE: I'd like to mark that 23 portion of the transcript as confidential. 24 (End of confidential portion.) 25 BY MR. ROSENTHAL:</p>

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<p style="text-align: right;">Page 25</p> <p>1 A. Correct. 2 Q. That includes Oregon? 3 A. Correct. 4 Q. Does it include Washington? 5 A. It would. I'm not sure if we have -- if 6 we have accounts up there. 7 Q. Does it include northern California to 8 your knowledge? 9 A. Yes. 10 Q. Does it include any other states, Idaho or 11 Utah or Nevada? 12 A. Yes. Arizona, Nevada. 13 Q. Have you ever spoken with Dr. Orr? 14 A. Yes. 15 Q. Under what circumstances? 16 A. Our weekly conference call or 17 every-other-weekly conference call. 18 Q. So he would be on the phone also? 19 A. Yes. And he's been out to visit our 20 facility twice. 21 Q. When was the last time? 22 A. I'd like to say early summer. 23 Q. What was the first time? 24 A. The first time was, I'd like to say, last 25 spring.</p>	<p style="text-align: right;">Page 27</p> <p>1 A. Corizon had acquired several more 2 accounts, and so he -- he took over a different 3 region. And then Dr. Orr took in -- took over some 4 of the accounts that Dr. Garlick had. 5 Q. And I know you are not in corporate 6 management, so I understand that you are just 7 telling me as best you know. But as best you know, 8 is Dr. Orr the highest ranking Corizon person as far 9 as Oregon is concerned? On the west coast, situated 10 on the west coast. 11 A. As far as -- as far as I know, yes. 12 Q. And who is the -- is there a regional vice 13 president? 14 A. There is. 15 Q. Who is that? 16 A. I'm unsure, actually. 17 Q. Do you know a Dr. Carl Keldie? 18 A. I do not. 19 Q. Do you know a Dr. Joe Pastor? 20 A. I do not. 21 Q. Do you know a person named Becky Pinney? 22 A. I do not. 23 Q. Now I'm focusing on October through -- '12 24 through February '13 now in these questions. When 25 you were working at the jail, was there an MD</p>
<p style="text-align: right;">Page 26</p> <p>1 Q. So April or May of 2013? 2 A. I think it was May. I could be wrong, but 3 I think it was May. 4 Q. Was that a planned visit? 5 A. Yes. 6 Q. Did you know he was coming? 7 A. Yes. 8 Q. Did you understand what the purpose of him 9 coming was? 10 A. Yes. 11 Q. What was his purpose? 12 A. To meet everybody. He was new. To meet 13 everybody, to say hi, look at our facility, check 14 out our -- make sure all the policies and procedures 15 were in place. 16 Q. Who was Dr. Orr's predecessor? 17 A. Dr. Ivor Garlick. 18 (Reporter inquiry.) 19 BY MR. ROSENTHAL: 20 Q. Has Garlick got a K on the end? 21 A. Yes. 22 Q. Was he the western medical director when 23 you started at Corizon? 24 A. Yes. 25 Q. And do you know why he left?</p>	<p style="text-align: right;">Page 28</p> <p>1 working the same shifts that you were working? 2 A. No. 3 Q. Was there ever an MD working the same 4 shifts you were working during that time period? 5 A. Yes. Wednesday mornings from 8 to 12. 6 Q. That would be Dr. Montoya? 7 A. Yes. 8 Q. So the other times that you would work, 9 other than Wednesday morning, were you the primary 10 medical person for Corizon in the jail? 11 A. Yes. 12 Q. Is there a title that you had? I want to 13 use the right words. Were you the lead person or 14 primary? What was the title? 15 A. Physician assistant, medical provider. 16 Q. Other than the time when Dr. Montoya was 17 there, approximately how many other Corizon staff 18 would be in the jail other than yourself? 19 A. Let me see. Anywhere from 6 to 12 20 depending on the shift. 21 Q. You always worked day shifts? 22 A. For the most part. 23 Q. When did day shift start? 24 A. For certain people it starts at 6 a.m. 25 For some people it starts at 7. I don't necessarily</p>

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<p style="text-align: right;">Page 53</p> <p>1 A. No. 2 Q. So from the time you started at Lane 3 County jail through today, the only PA for Corizon 4 has been you? 5 A. Correct. And Sherlynn was there as well 6 off and on. She was more a PRN. When I couldn't be 7 there, needed to be out of town, or when our patient 8 load became very heavy, we could call her in on an 9 as-needed basis. 10 Q. PRN means as needed? 11 A. Correct. 12 Q. And the only supervising physician you've 13 had at Corizon has been Dr. Montoya? 14 A. Yes. 15 Q. Have there been any other physicians, to 16 your knowledge, that have worked at the Lane County 17 jail on behalf of Corizon other than Dr. Montoya? 18 A. Yes. 19 Q. Who is that? 20 A. Right now, Dr. David Calder. 21 Q. Is that with a C, Calder? 22 A. Yes. 23 Q. What is his role? 24 A. He is a physician. He works 4 hours a 25 week. Sometimes he fills in for me when I need to</p>	<p style="text-align: right;">Page 55</p> <p>1 wasn't. 2 Q. But it wasn't such that you could say to 3 me, "I was on probation for three months and then 4 they told me I was done with probation." It wasn't 5 anything like that? 6 A. No. No. 7 Q. How often do you have a formal review with 8 Corizon? Is there an annual performance review or 9 something like that? 10 A. Yes. 11 Q. So your first review was when? Was it 12 late in 2013? 13 A. Actually, my first review was just very 14 recently. 15 Q. How recently? 16 A. Probably two months. Three months. 17 Q. So in November or December? 18 A. Mm-hmm. 19 Q. Who reviewed you? 20 A. Dr. Montoya. 21 Q. Was that -- did you get a good review? 22 A. Yes. 23 Q. Did you get an excellent review? 24 A. Yep. 25 Q. Did he recommend any kind of pay increase</p>
<p style="text-align: right;">Page 54</p> <p>1 be here or out of town or, like again, the patient 2 load gets really heavy, I can call him in. 3 Q. So in February of 2013 you were working 16 4 or 20 hours a week. Was Dr. Montoya working 4 hours 5 a week? 6 A. Correct. 7 Q. And that was the total, sum total of 8 physician or PA coverage? 9 A. Correct. 10 Q. Did you have an opinion at the time as to 11 whether that coverage was adequate? 12 A. No. Some days it felt like it would be 13 nice to have another provider, just like with any 14 job I've ever worked. But for the most part it was 15 pretty appropriate. 16 Q. When you started with Corizon, were you on 17 any kind of probation? 18 A. Not that I'm aware of. 19 Q. I didn't mean that in a negative context. 20 A. Yeah. 21 Q. Many times new employees have a 22 probationary period. 23 A. I'm sure I was. I don't recall -- I mean, 24 I don't recall right now how long that time was. 25 I'm sure I was. I've never had a job where I</p>	<p style="text-align: right;">Page 56</p> <p>1 for you? 2 A. He can't -- he doesn't have that, but he's 3 pushed for that. But he doesn't have that -- 4 because he is not an employee of Corizon, he doesn't 5 have that ability. But he does advocate for me. 6 Q. Has anyone else formally reviewed you as 7 an employee of Corizon other than Dr. Montoya? 8 A. Kevin Mishler, my HSA. 9 Q. And when did he do a performance review? 10 A. I don't recall a formal. But I know that 11 he was doing it and there was some paperwork filled 12 out and some chart reviews and he and Dr. Montoya 13 sat down. But I don't recall a formal sit-down 14 review. 15 Q. Again, did you get a good review, 16 excellent review? Do you know? 17 A. I assume so. I haven't -- like I said, 18 this is not -- this was not a formal so I can't -- I 19 can't really give you an answer to that. 20 THE VIDEOGRAPHER: Excuse me, Counsel. 21 I need to change tapes. 22 MR. ROSENTHAL: Okay. 23 (Recess: 2:02 to 2:07 p.m.) 24 (Deposition Exhibit Nos. 51 and 52 25 marked for identification.)</p>

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<p style="text-align: right;">Page 57</p> <p>1 THE VIDEOGRAPHER: We are back on the 2 record.</p> <p>3 BY MR. ROSENTHAL:</p> <p>4 Q. I've marked this Exhibit 51, the paperwork 5 that was previously provided to me regarding the 6 discipline issue we talked about already. I just 7 want to -- did they give you a copy of that at some 8 point?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. And then I've marked as Exhibit 52 11 an application for employment. Now, can you -- is 12 this the original application that you filed? It's 13 dated, I see, June 29 of '12 on the last page.</p> <p>14 A. Yes. I would -- I would assume so. I 15 don't have -- I don't remember this document 16 specifically but --</p> <p>17 Q. All right. So it says prior employment 18 history on page 2. Did you intentionally leave off 19 the employment with the neurosurgeons here in 20 Eugene? Or were you not working there yet?</p> <p>21 A. I'm not sure why I didn't have that on 22 there. There's a big oversight because I would have 23 definitely disclosed that information. I can't tell 24 you why, but obviously that was an error on my part.</p> <p>25 Q. We talked before the break about your</p>	<p style="text-align: right;">Page 59</p> <p>1 approximately? 2 A. Probably a day after, as soon as we found 3 out, you know, the final outcome. And then 4 obviously once all of this -- we got wind of all 5 this we discussed it.</p> <p>6 Q. So that original conversation that you had 7 with him, did he prompt it or did you prompt it?</p> <p>8 A. I did.</p> <p>9 Q. And why did you do that?</p> <p>10 A. He is my medical director and I wanted to, 11 you know, give him everything and see if he had any 12 other -- you know, any input, you know, any 13 criticisms. He is my medical director. When we 14 have something significant like this happen, of 15 course I'm going to involve him.</p> <p>16 MR. ROSENTHAL: I'm looking for the 17 notes that we marked during the EMT's deposition. 18 There we go.</p> <p>19 BY MR. ROSENTHAL:</p> <p>20 Q. When you talked to Dr. Montoya, did you 21 give him the notes that I've marked as Exhibit 48 to 22 review?</p> <p>23 A. Yes.</p> <p>24 Q. All right. Did he find any fault with 25 anything that you had done?</p>
<p style="text-align: right;">Page 58</p> <p>1 wages a little bit. Was there unhappiness generally 2 among the staff with the Corizon pay scale?</p> <p>3 A. I can't speak for anybody else.</p> <p>4 Q. Has anyone else at the Lane County jail 5 had a conversation with you about the pay scale?</p> <p>6 A. Yes.</p> <p>7 Q. Who?</p> <p>8 A. Some of the nurses.</p> <p>9 Q. Have they been unhappy with the pay scale?</p> <p>10 A. Yes.</p> <p>11 Q. Have there been other nurses -- is anyone 12 else on call other than you?</p> <p>13 A. No. And Dr. Montoya and Dr. Calder. We 14 share the call. But no.</p> <p>15 Q. Has Dr. Montoya ever talked with you about 16 on call pay?</p> <p>17 A. Yes. He is paid for call as is 18 Dr. Calder.</p> <p>19 Q. But you're not.</p> <p>20 A. Correct.</p> <p>21 Q. While we're talking about Dr. Montoya, 22 have you ever discussed the situation with Kevin 23 Green -- Kelly Green with Dr. Montoya?</p> <p>24 A. Yes.</p> <p>25 Q. When did that conversation occur</p>	<p style="text-align: right;">Page 60</p> <p>1 A. Yes.</p> <p>2 Q. Tell me about that, please.</p> <p>3 A. I didn't time the note.</p> <p>4 Q. Did he have anything else that he thought 5 was something that could be improved?</p> <p>6 A. No.</p> <p>7 Q. And have you had any other conversation, 8 other than with lawyers, about the service that you 9 provided Mr. Green on February 12th?</p> <p>10 A. I have not.</p> <p>11 Q. Did anybody from the jail ever debrief you 12 on the events of February 12?</p> <p>13 A. No.</p> <p>14 Q. We were talking, when we took the break, 15 about your orientation when you began working at the 16 jail. And you told us that you shadowed the nurse 17 practitioner for a few weeks.</p> <p>18 Was there any formal training that Corizon 19 required you to take? I know when I went through 20 the notes there was some things that you had to sign 21 that you studied their ethical rules and things like 22 that. What do you recall about that?</p> <p>23 A. You know, signing the ethical rules, 24 policies, procedures, standard operating procedures, 25 that kind of stuff.</p>

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<p style="text-align: right;">Page 61</p> <p>1 Q. Did they ask you to read through their 2 policy manuals? 3 A. Or read the parts that were more pertinent 4 to my position, yes. 5 Q. And did you do that online or did you do 6 that through some kind of a notebook? 7 A. Through a notebook. 8 Q. Where was the notebook kept? 9 A. There is one in the clinic. And if I'm 10 not mistaken I have one at home. 11 Q. And the one that you have at home, was 12 that given to you at about the time you came to 13 work? 14 A. I believe so, yes.</p> <p>MR. ROSENTHAL: Could you mark that spot, please.</p> <p>BY MR. ROSENTHAL:</p> <p>18 Q. Then I read something somewhere -- we've 19 gotten a lot of paperwork in a short period of time, 20 so I'm a little bit vague about some of this. But I 21 do remember reading that Corizon has some kind of 22 online education program. Is that correct?</p> <p>23 A. Yes. 24 Q. Tell me about that, please. 25 A. Every year we are required to do like</p>	<p style="text-align: right;">Page 63</p> <p>1 MR. ROSENTHAL: Thank you. 2 BY MR. ROSENTHAL: 3 Q. This training, do you do it in the office? 4 A. Yes. 5 Q. And you do it on the computer terminal? 6 A. Yes. 7 Q. Is it a requirement that you do it once a 8 year? 9 A. Yes. 10 Q. And I take it you answer questions and 11 interact with it and then you somehow sign off that 12 you completed the course and Corizon has a digital 13 record of it. Is that the way it works? 14 A. Yes. 15 Q. Changing topics with you now, have you 16 ever seen the contract that Corizon entered into 17 with Lane County? 18 A. Yes. 19 Q. Under what circumstances have you seen the 20 contract? 21 A. Some of the parts that pertain, you know, 22 it's been brought out in MAC meetings. I'm aware of 23 some of it. Have I sat down and read it word for 24 word? No, I have not. 25 Q. What's a MAC meeting?</p>
<p style="text-align: right;">Page 62</p> <p>1 suicide prevention -- suicide, you know, prevention 2 as well as medical ethics and code of conduct, that 3 kind of stuff. 4 Q. Are these -- is this online Corizon? Is 5 it like a question-and-answer kind of a thing or is 6 it like reading a textbook? What is it that's 7 online? 8 A. It's almost an interactive. It's a 9 presentation. You know, you sign on and then 10 there's this introduction and sort of a, if you 11 will, a -- here's what's going to happen. So in 12 Section 1 we are going to do this. 13 It's audio, so it's talking to you. You 14 interact with it. It gives you certain scenarios. 15 It gives you definitions. It gives you -- it gives 16 you just about all the information you need to know. 17 So you kind of go through all these sections, and 18 then at the very end is a test.</p> <p>19 MR. ROSENTHAL: I'd like to go off the 20 record for a second.</p> <p>21 THE VIDEOGRAPHER: We are off the 22 record. 23 (Recess: 2:15 to 2:17 p.m.) 24 THE VIDEOGRAPHER: We're back on the 25 record.</p>	<p style="text-align: right;">Page 64</p> <p>1 A. It's a monthly meeting that -- that we 2 have with Lieutenant Brown, Kevin Mishler, 3 Dr. Montoya, and myself. 4 Q. We interviewed Lieutenant Brown last week, 5 and we marked as Exhibit 37 some notes that he keeps 6 at the MAC meetings. Do you keep notes at the MAC 7 meetings? 8 A. I do not. But Kevin Mishler's 9 administrative assistant keeps notes. 10 Q. Has someone from Corizon been keeping 11 notes from the time you started work at the Lane 12 County jail? Has there always been somebody taking 13 notes? 14 A. Yes. And I actually did not begin 15 participating in MAC meetings until several months 16 ago. 17 Q. Okay. All right. Okay. Were you aware 18 when you started work for Corizon that if a jail 19 inmate is sent to a hospital that Corizon had to pay 20 the hospital bills? 21 MR. DAIGLE: Object to form. 22 A. I think I knew that, yeah. 23 BY MR. ROSENTHAL: 24 Q. And to your knowledge was it -- did it matter at all whether the inmate was -- what agency</p>

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<p style="text-align: right;">Page 65</p> <p>1 had arrested the inmate or was it the same for 2 anybody who was in the jail? 3 A. It was the same for anybody in the jail -- 4 as far as I know. 5 Q. I'm just wondering about your knowledge. 6 A. No. I'm not aware of any differences. 7 Q. Were you aware as to whether or not 8 Corizon had agreed to do any kind of training of the 9 Lane County sheriff's staff on the subject of 10 suicide assessment? 11 A. I'm not aware of -- of that. 12 Q. To your knowledge does Corizon do any 13 training of the Lane County sheriff's staff on 14 suicide assessment? 15 A. Not to my knowledge. 16 Q. Were you aware as to whether or not 17 Corizon had agreed in the contract to provide 18 medical and mental health screening to inmates at 19 the time of booking? 20 A. Yes. 21 Q. What was your understanding about that? 22 A. That when an inmate comes in and they have 23 been processed and they are going to be housed, 24 that's when medical comes in and does an intake 25 screen.</p>	<p style="text-align: right;">Page 67</p> <p>1 week. If they are having an acute psychotic episode 2 and they are a danger to themselves or other people, 3 they will get put back -- taken straight back to 4 seg/med. And that's when our psych team gets called 5 to come in and assess and/or a provider gets called. 6 Like they might call me and I would say, 7 you know, "Do we have any history on this guy?" A 8 lot of times I will send these people to the 9 hospital to be evaluated so I mean -- especially if 10 we don't know those people. And we don't know most 11 of them. Are they overdosing on something? Is this 12 a brand-new psychotic break? Do they have a brain 13 tumor? 14 So a lot of times if it's something that 15 serious they will be sent out. The intake screening 16 is a more formal sit-down, three- or four-page 17 document, vital signs, all kinds of nosy questions 18 and medical history and physical exam and whatnot. 19 MR. ROSENTHAL: Do you have that 20 document, the screening document? Is it one of 21 these here? 22 MR. DEVLIN: I'll find it. 23 BY MR. ROSENTHAL: 24 Q. Is that -- is that different than the 25 nursing encounter tool kind of document?</p>
<p style="text-align: right;">Page 66</p> <p>1 Q. So what about an inmate who is brought in 2 during the evening and no housing decision is made 3 until the next day, is it your understanding that 4 the intake screening would be accomplished the next 5 day when the housing decision is made? 6 A. When the housing decision is made unless 7 -- when they come in, they are asked a triage of 8 questions -- if they have any significant medical 9 complaints, concerns, injuries -- and then someone 10 -- I'll either be called out or one of our nurses 11 will be called to the wall to do an assessment. 12 Q. What is the wall? 13 A. They come in and they are in handcuffs and 14 they have to face -- we call it on the wall. They 15 are lined up against a wall. 16 Q. In your experience if a patient comes into 17 the jail, day or night, and is having a psychotic 18 episode, is that type of person -- does that type of 19 inmate get a screening right away at the time of 20 booking? 21 MR. DAIGLE: Object to form. 22 A. Probably not like an actual intake 23 screening. We would do -- depending on how bad it 24 was, because we have someone -- obviously we have 25 medical staff in-house 24 hours a day, 7 days a</p>	<p style="text-align: right;">Page 68</p> <p>1 A. Very. 2 Q. I think I've -- before I mark it, is this 3 the right one? 4 A. Yes. I just want to make sure it's -- 5 yeah, this is our new one. Yes, this is the intake 6 exam. 7 Q. So you say this is a new one. As of when? 8 A. Several months ago. Just a new form. 9 Q. Was it a similar form before? 10 A. Yes. Yeah. Same questions, just a 11 different layout. 12 (Deposition Exhibit No. 53 13 marked for identification.) 14 BY MR. ROSENTHAL: 15 Q. So I'm marking what you've just identified 16 as Exhibit 53. So I want to be sure I understand 17 what you are saying. If someone is arrested during 18 the evening and the booking officer thinks they are 19 a danger to themselves or others, would they be seen 20 by a Corizon person that evening? 21 A. Yes. If they are brought in and they are 22 on the wall and there's a question as to whether or 23 not this is a medical problem, yes. 24 But Corizon also staffs -- we also have 25 our psychiatric team as well. So the psych team</p>

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<p style="text-align: right;">Page 73</p> <p>1 A. No, there is not. There is now, but there 2 was not at the time, no. 3 Q. When did that change get made, to put a 4 neck collar in there? 5 A. I couldn't -- I couldn't give you an 6 exact. 7 Q. Was it as a result of what happened with 8 Kelly Green? 9 A. Yes. 10 Q. It was? 11 A. Yes. 12 Q. Do you know the mechanism of how it 13 happened? 14 A. The mechanism of -- 15 Q. Of getting something else put into the 16 bag. What do you call it, the first aid bag? 17 A. We call it the E bag or the emergency bag. 18 Q. Okay. 19 A. It should have been in there, but I hadn't 20 -- we hadn't had any need for it prior to it that. 21 And so when you -- I didn't even realize that it 22 wasn't there. But it should have been. 23 So, yes, after that we now have them. 24 Q. Prior to February 12 was there no system 25 in place to check that emergency bag on a regular</p>	<p style="text-align: right;">Page 75</p> <p>1 checking that E bag once a week or once a month? 2 A. No, there's not. 3 Q. So you were in the medical clinic. You 4 got the call, and you dropped everything and ran 5 into the courtroom. When you got to the courtroom, 6 what did you observe? 7 A. Mr. Green was on the ground, sort of on 8 his side, part of his chest and hips. One of the 9 arresting officers or EPD had him on the ground. I 10 don't remember if he had his knees on his body or he 11 was straddling him, but he had his hand pushed down 12 on his head and his head was kind of just pushed 13 into the ground. 14 Q. Was he bleeding? 15 A. Yes. 16 Q. Was he conscious? 17 A. Yes. 18 Q. And how many law enforcement people were 19 in the courtroom? Do you recall? 20 A. A lot. I don't have -- when I go in, I 21 see my patient. I don't necessarily know who is 22 there. I had actually never been in the courtroom 23 prior to that. So I'm not even aware. I mean, 24 there were other people in there for other things 25 other than this code, so I couldn't tell you. I</p>
<p style="text-align: right;">Page 74</p> <p>1 basis to make sure it was properly equipped? 2 A. There was. I hadn't -- I hadn't been 3 involved in that, and they may not have thought that 4 -- because when we respond to a code everybody goes, 5 and we can't possibly have everything we need with 6 us at that time. So there's a lot of, you know, 7 "Run back to the clinic and get me this." 8 So whether it's in the bag or not -- we 9 simply didn't have them in the building, which I was 10 not aware of. But I hadn't had a need for one 11 before, so I didn't notice that there was one in the 12 bag or even in the supply room. 13 Q. Whose responsibility on the Corizon side 14 -- as opposed to the sheriff's side -- whose 15 responsibility on the Corizon side was it to make 16 sure that proper equipment was available? 17 A. You know, I don't know that there is an 18 actual person. Typically whoever uses it last 19 replaces what they've used. Sometimes when I need 20 it I will go back through and kind of weed things 21 out and put things back where they need to be and 22 make sure -- you know, our pharmacy or our CMAs will 23 go through and make sure that the medications that 24 are in there are not expired, that kind of stuff. 25 Q. But there's no regular protocol as to</p>	<p style="text-align: right;">Page 76</p> <p>1 mean, there were probably -- there were ten to 15. 2 Maybe more than that. 3 Q. People or law enforcement people? 4 A. Law enforcement -- I mean, are you -- 5 corrections staff as well, yes. 6 Q. That's what I meant. 7 A. Arresting officers and corrections staff. 8 Q. Okay. So when you -- did you immediately 9 go over to Mr. Green? 10 A. Yes. 11 Q. Were you in charge? 12 A. Yes. 13 Q. So what's the first thing you did? 14 A. Well, I went to him. And as I'm getting 15 down, I'm starting to talk to him. I'm asking what 16 happened. You know, "Mr. Green, are you okay? Are 17 you in any pain?" 18 The first thing I did was ask the officer 19 to let go of his head so we could get kind of get 20 him in a better position. I did check his neck. 21 Q. How did you check his neck? 22 A. The position he was in, all I could do at 23 that point was to feel it, you know, to make sure I 24 didn't feel any major deformities. He didn't have 25 any pain when I pushed on his neck. He was moving.</p>

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<p style="text-align: right;">Page 77</p> <p>1 And then we rolled him over so he was on 2 his back. And at that point I did a more thorough 3 cervical spine exam. At the same time I looking at 4 the lacerations. I also did a neuro exam, listened 5 to heart, lungs, tried to engage him, find out a 6 little bit more from him what had happened as well 7 as hearing from the people standing around who know, 8 have known him from previous book ins and 9 interactions as well as people who could tell me 10 what happened just prior to the incident. 11 Q. At any point during the first few minutes 12 you were with Mr. Green, did he indicate to you he 13 couldn't move? 14 A. No. 15 Q. Did he indicate that to you at any time in 16 the courtroom? 17 A. He did make one statement. He said, "My 18 ears are paralyzed. I can't hear you." 19 And I said, you know, "I'm sorry? What 20 was that?" 21 And he repeated, "My ears are paralyzed. 22 I can't hear you." 23 Q. You said you did a cervical exam. Explain 24 to me exactly what you did, please. 25 A. He was lying on his back. I reach under</p>	<p style="text-align: right;">Page 79</p> <p>1 A. Yes. 2 Q. Did you take blood precautions right away? 3 A. Yes. 4 Q. Put on gloves? 5 A. Yes. 6 Q. Did you put any kind of a mask on? 7 A. No. 8 Q. So is the first thing that you did -- I 9 understand that you were talking to him 10 simultaneously so I'm not trying to be deceptive 11 here. I understand that. But is the first thing 12 that you did physically the cervical check? 13 A. Yes. 14 Q. After you completed the cervical check -- 15 you are about to knock that thing -- 16 A. Oh, thank you. It's wrapped around my 17 ankle. That's why. 18 Q. After you completed the cervical check, 19 what was the next thing that you did? 20 A. Started a neuro -- neuro exam. I had 21 someone put pressure on the lacerations, did a scalp 22 check making sure I didn't feel any major, you know, 23 skull fractures. Checked his face. Did a neuro 24 exam. 25 Q. You've got to go real slow. How did you</p>
<p style="text-align: right;">Page 78</p> <p>1 and I feel all the way from the top of his -- I'm at 2 the head. I'm on my knees. And I reach down and I 3 feel all the way from the thoracic spine all the way 4 up. You know, "Does this hurt? Does this hurt? At 5 any time, you know, tell me, does this hurt?" 6 There were no midline deformities. He was 7 moving on his own. So I was able to take his head 8 -- you know, "Does this hurt? Does this hurt? 9 Kelly, can you put your chin to your chest? Kelly, 10 can you look back at me?" 11 And he was able to follow all of those 12 commands. 13 Q. Let me ask you this. When you came into 14 the courtroom, how soon did you learn he had run 15 into the wall? 16 A. About the same time. As we are going in, 17 you know, I'm asking what happened. 18 Q. So as you began to talk and interact with 19 Mr. Green, you knew that he had lowered his head and 20 run into the wall? 21 A. Yes. 22 Q. And you knew he had run into the wall with 23 enough force to break the skin? 24 A. Yes. 25 Q. And he was bleeding?</p>	<p style="text-align: right;">Page 80</p> <p>1 check his face? 2 A. Pushed around all the bony -- you know, 3 make sure he didn't have any injuries. There was 4 blood everywhere, and I just needed to make sure 5 that it was coming from here. Looked in his ears to 6 make sure there was no blood coming from his ears. 7 Q. How did you look into his ears? 8 A. With an otoscope. 9 Q. Did you turn his head or did you get on 10 either side? 11 A. I got on either side of him. 12 Q. And you said a neuro exam. Explain that 13 to me, please. 14 A. I went down from head to toe. You know, 15 "Kelly, can you squeeze --" you know, I gave him two 16 of my fingers "-- can you squeeze my fingers?" He 17 could do it. 18 "Kelly, can you feel this," as I'm kind of 19 -- not pinching but -- you know, "Does this feel the 20 same as this? Can you feel this? Kelly, can you 21 put your hand? Pretend like you are going to give 22 me five. Can you push against me?" 23 He could follow all the directions. He 24 had full strength pushing, pulling. There were no 25 obvious -- there was no obvious trauma to any of his</p>

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<p style="text-align: right;">Page 81</p> <p>1 limbs.</p> <p>2 I went down -- down his legs. He could</p> <p>3 push against resistance with his feet. He could</p> <p>4 pull his toes towards his nose. I kind of tickled</p> <p>5 the back of his legs and his ankles. He could feel</p> <p>6 that.</p> <p>7 At one point I had to ask him to hold</p> <p>8 still. He wanted to put his leg up and cross it.</p> <p>9 And I said, "Mr. Green, I need you to -- you know, I</p> <p>10 need you to follow directions. I need you to put</p> <p>11 your feet down so I can examine you."</p> <p>12 He was able to move all his toes.</p> <p>13 Q. Did you do any reflex tests?</p> <p>14 A. Yes.</p> <p>15 Q. Tell me what reflex tests you did.</p> <p>16 A. I just did the deep tendon reflex on the</p> <p>17 patellar.</p> <p>18 Q. How did you do that?</p> <p>19 A. With my stethoscope.</p> <p>20 Q. Explain to me exactly what you did,</p> <p>21 please.</p> <p>22 A. Usually you have someone sitting up and</p> <p>23 having their legs dangle, but you can't always get</p> <p>24 them in that position. So I was able to lift his</p> <p>25 leg up enough, and he actually followed the</p>	<p style="text-align: right;">Page 83</p> <p>1 that he was paralyzed and another that his ears are</p> <p>2 paralyzed?</p> <p>3 A. Yes.</p> <p>4 Q. When you say in this note a few lines</p> <p>5 down, "C spine held supported during exam. Cleared</p> <p>6 by myself," what does that mean?</p> <p>7 A. When you clear C spine, it's I've done the</p> <p>8 exam and I was pretty sure that there was no -- I</p> <p>9 was -- there was no -- he exhibited no symptoms at</p> <p>10 that time of a C spine injury.</p> <p>11 Q. What does "pupils slightly reactive to</p> <p>12 light" mean?</p> <p>13 A. When you shine a light in somebody's eyes,</p> <p>14 they open or close depending on whether the light is</p> <p>15 on or off them. His were a little bit slower than</p> <p>16 usual.</p> <p>17 Q. Did you measure the opening of his pupil?</p> <p>18 A. Did I measure it? No.</p> <p>19 Q. In millimeters?</p> <p>20 A. No, I did not.</p> <p>21 Q. Did you estimate it?</p> <p>22 A. No.</p> <p>23 Q. What does it mean, if anything, to you</p> <p>24 that his pupils were slightly reactive to light?</p> <p>25 A. They were just sluggish, just slower.</p>
<p style="text-align: right;">Page 82</p> <p>1 direction and relaxed and I was able to get a reflex</p> <p>2 by using the bell of my stethoscope.</p> <p>3 Q. Did you do a Babinski?</p> <p>4 A. Yes.</p> <p>5 Q. Why didn't you chart any of that stuff?</p> <p>6 A. When I chart -- and I do. Usually I do,</p> <p>7 especially now.</p> <p>8 I would still be charting. You cannot</p> <p>9 possibly put down every single thing that you do.</p> <p>10 You are doing a lot of it simultaneously. There is</p> <p>11 just -- you cannot chart every single thing that you</p> <p>12 do.</p> <p>13 But yes, I did the basic exams. I do a</p> <p>14 basic.</p> <p>15 Q. On your note -- unfortunately I stapled</p> <p>16 these together in the wrong order. If you look at</p> <p>17 page 46 on that Exhibit 48, that's your note from</p> <p>18 2/12, the first note?</p> <p>19 A. Yes.</p> <p>20 Q. You said that [reading]: He follows</p> <p>21 simple commands, but is difficult to follow.</p> <p>22 States he is paralyzed but is moving all</p> <p>23 extremities. Also states he can't hear me</p> <p>24 because his ears are paralyzed.</p> <p>25 So did he make two statements to you, one</p>	<p style="text-align: right;">Page 84</p> <p>1 Some people have that.</p> <p>2 Q. In cases I've worked on as a lawyer, I've</p> <p>3 seen the phrase, "Pupils being briskly reactive to</p> <p>4 light." Are you familiar with that phrase?</p> <p>5 A. Mm-hmm.</p> <p>6 Q. What does that mean?</p> <p>7 A. It just means that they go real fast.</p> <p>8 Q. Is that normal?</p> <p>9 A. For the most part.</p> <p>10 Q. So when someone's pupils are slightly</p> <p>11 reactive to light, is that an abnormal finding?</p> <p>12 A. Yes.</p> <p>13 Q. What is it potentially indicative of?</p> <p>14 A. A head injury. Or some people that's just</p> <p>15 their norm. And also the light in the courtroom</p> <p>16 wasn't fantastic. It's fairly dark. He was on the</p> <p>17 ground. And it's very hard to get a perfect eye</p> <p>18 exam unless you are sitting in, you know, an office</p> <p>19 like this, turn off the light, and use your specific</p> <p>20 light.</p> <p>21 Q. Did you have a flashlight with you?</p> <p>22 A. I had a penlight, yes.</p> <p>23 Q. Did you use that --</p> <p>24 A. Yes.</p> <p>25 Q. -- to check his pupils?</p>

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<p style="text-align: right;">Page 85</p> <p>1 A. I did. 2 Q. Did any other Corizon employee participate 3 with you in the examination while Mr. Green was on 4 the floor? 5 A. I had a nurse holding pressure on the 6 scalp wounds. 7 Q. Who was that? 8 A. I couldn't tell you. 9 Q. Was it Ms. Fagan? 10 A. It may have been. I don't recall. 11 Q. Was Ms. Thomas there? 12 A. She was. 13 Q. Was she in the courtroom? 14 A. Yes. 15 Q. Was she participating in any way in the 16 examination? 17 A. Not that I recall. 18 Q. Hang on a second. We are looking for 19 something. Did you take his vital signs in the 20 courtroom? 21 A. I did not. A nurse did. 22 Q. Do you know what nurse took the vital 23 signs? 24 A. I don't. I would have to look at her 25 notes.</p>	<p style="text-align: right;">Page 87</p> <p>1 record for a minute. I need to find a document. 2 THE VIDEOGRAPHER: We are off the 3 record. 4 (Recess: 2:45 to 2:47 p.m.) 5 THE VIDEOGRAPHER: We're back on the 6 record. 7 MR. ROSENTHAL: Thank you. 8 BY MR. ROSENTHAL: 9 Q. Did anyone ask for a neck brace or a neck 10 collar? 11 A. Not that I recall. 12 Q. Did anyone ask for a backboard? 13 A. Not that I recall. 14 Q. When you asked Mr. -- how long did it take 15 you to complete this examination that you've 16 described to us? 17 A. I'm guessing. Probably about 15, 20 18 minutes. 19 Q. Did you do anything else in the courtroom 20 examination-wise other than what you've described to 21 us? 22 A. No. I did a head-to-toe examination. 23 Q. Did you check his heart? 24 A. Yes. 25 Q. Did you use a stethoscope to do that?</p>
<p style="text-align: right;">Page 86</p> <p>1 Q. Well, it's right on your note, page 2 Corizon 42. 3 A. Okay. I mean, someone else would have 4 taken them and then told me what they were. 5 Q. How was the blood pressure taken? Was it 6 with a cuff? 7 A. Yes. 8 Q. Did you do a Glasgow Coma Scale analysis? 9 A. No. 10 Q. You know what that is? 11 A. I do. 12 Q. Why didn't you do that? 13 A. He was alert and talking and moving. I 14 had no reason to think that he had an altered 15 Glasgow Coma Scale. And that's when you would 16 typically do that. 17 Q. And you say he could move all of his 18 limbs? 19 A. Mm-hmm. 20 Q. Did you ask for anyone to get a cervical 21 collar? 22 A. No. 23 Q. Did you ask for anyone to get a backboard? 24 A. No. 25 MR. ROSENTHAL: We need to go off the</p>	<p style="text-align: right;">Page 88</p> <p>1 A. Yes. 2 Q. Do you do anything else? 3 A. I listened to his lungs with a 4 stethoscope. I pushed on his belly, listened to his 5 belly. Checked his pelvis. 6 Q. How did you check his pelvis? 7 A. He was laying on his back. You just find 8 the hip bones and you kind of rock it back and forth 9 and just -- you know, there wasn't any major 10 problems. He didn't have any pain. 11 I did -- was able to check his back when 12 he -- before he was rolled over, just palpated the 13 spine all the way down. Didn't have any pain. 14 Q. So when you completed all of those steps, 15 what did you decide to do? 16 A. Took him down to the clinic. I wanted to 17 stop the bleeding. 18 Q. So -- 19 A. He needed stitches. 20 Q. -- what was your plan on how to get him to 21 the clinic? 22 A. Wheelchair. 23 Q. Why not walking? 24 A. He wasn't being entirely cooperative. And 25 when someone is bleeding like that, I think I just</p>

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<p style="text-align: right;">Page 89</p> <p>1 thought that the best thing to do would be to have 2 them in a wheelchair so someone could keep pressure 3 on his head. 4 Q. What was he doing that wasn't entirely 5 cooperative? 6 A. He was a little bit -- I don't want to say 7 combative, but kind of pushing us away during the 8 exam. I would say, "Mr. Green, I need you to 9 straighten your legs for me. I need you to uncross 10 your legs." 11 And I -- typically when we'll have 12 something that like that, a Code 3, and we need to 13 transport them to the clinic, we usually will do a 14 wheelchair. 15 Q. Was he actually trying to push you? 16 A. Yes. 17 Q. With one hand or two hands? 18 A. I don't recall. 19 Q. Did he put his hand on your body? 20 A. Well, he -- I would go to touch him and he 21 would push. Yeah, he would push my hand or my arm. 22 And when we were holding pressure on his head, he 23 didn't like that. I'm sure it hurt. He didn't like 24 that, but he would kind of push and try to move his 25 head out of the way.</p>	<p style="text-align: right;">Page 91</p> <p>1 time you were with him in the courtroom? 2 A. Yes. 3 Q. Did anybody, any law enforcement or 4 sheriff's officers say to you he had been 5 unconscious for any period of time? 6 A. No. 7 Q. Did you or any Corizon staff ever ask 8 whether there was a cervical spine collar in the 9 emergency bag? 10 A. Not that I recall. 11 Q. Did anyone ask whether he should be taken 12 to the hospital, whether Mr. Green should be taken 13 to the hospital? 14 A. I said that I wanted him to go to the 15 hospital. I said that -- I was more concerned about 16 a head injury at that time, and I said that I wanted 17 him to go to the hospital. 18 Q. Who did you say that to? 19 A. Just kind of over my shoulder to Vicki, 20 our HSA. And she was standing with -- I think it 21 was Sergeant Balcom. 22 Q. How did she respond? 23 A. I wasn't part of that conversation, but I 24 remember hearing them saying, "Well, he is going to 25 be released."</p>
<p style="text-align: right;">Page 90</p> <p>1 Q. But you are saying with one or both hands 2 he pushed your arms or hands away? 3 A. Yes. 4 Q. Did you ask him to get into the 5 wheelchair? 6 A. I -- I did not. Security staff did that. 7 Q. Did what, asked him to get in the 8 wheelchair? 9 A. Yes. 10 Q. Do you remember who it was that said that? 11 A. I don't. 12 Q. How did Mr. Green respond? 13 A. He didn't. 14 Q. He just didn't say anything? 15 A. He didn't. Not that I recall. I don't 16 recall anything specific that he said, but he didn't 17 -- he didn't want to cooperate. 18 Q. Did you at any time say anything about 19 Mr. Green perhaps having a spinal injury? 20 A. No. 21 Q. Did any of the other Corizon staff say 22 anything about Mr. Green perhaps having a spine 23 issue? 24 A. No. 25 Q. Was Mr. Green totally conscious the whole</p>	<p style="text-align: right;">Page 92</p> <p>1 And I -- you know, our response was, "He 2 still needs to go, you know, so we are going to do 3 the paperwork." And I said, "We just need to get 4 him to the hospital. It doesn't have to be Code 3, 5 lights and sirens right this minute, but it needs to 6 be within the hour." 7 They said the paperwork would take less 8 than an hour and they would -- that's why we decided 9 to take him down to the clinic, suture him up, and 10 then I wanted him to be seen at the hospital. 11 Q. Why did you want him to be seen at the 12 hospital? 13 A. I was more concerned about a head injury 14 at that time. 15 Q. And HSA White -- 16 A. I'm sorry. HSA Thomas. 17 Q. Excuse me. Probably my mistake. HSA 18 Thomas was the person you said this to? 19 A. Yes. 20 Q. Was it her call? 21 A. No. This was my call. 22 Q. So did she contradict your request? 23 A. No. No. 24 Q. Well, then why wasn't he taken to the 25 hospital?</p>

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<p style="text-align: right;">Page 93</p> <p>1 A. You would have to ask security staff that. 2 It was my understanding that they would be taking 3 him to the hospital when they completed his 4 paperwork. 5 Q. So while you were in the courtroom it was 6 your understanding that he would get to the hospital 7 within an hour? 8 A. Yes. 9 Q. And you mentioned Sergeant Balcom, I 10 think. Are you saying that he said that to you? 11 A. He said they had to do some paperwork. 12 And I don't remember if it was myself or whether it 13 was Vicki Thomas asked, "How long will that take?" 14 It shouldn't take any -- I'm -- in my mind 15 I'm hearing, you know, 30 minutes to an hour. I 16 know it wasn't any more than an hour because I said, 17 "Then, you know, he's got to go." 18 Q. Why didn't you think it should be right 19 away rather than 30 minutes to an hour? You were 20 worried about a spinal cord injury. Right? 21 A. Not a spinal cord injury, no. 22 Q. What were you worried about? 23 A. A head injury. 24 Q. So you were worried about a potential head 25 injury such as a subdural hematoma?</p>	<p style="text-align: right;">Page 95</p> <p>1 Q. Is the last page 46? 2 A. Yes. 3 Q. So where are you reading? 4 A. The very bottom. 5 Q. "Scalp lacerations with surgical repair." 6 Right? 7 A. Mm-hmm. 8 Q. "Will continue neuro checks every one to 9 two hours." 10 A. Mm-hmm. And -- 11 Q. "Patient to be released. Will recommend 12 courtesy drop at ER for further continued 13 evaluation." 14 A. Mm-hmm. 15 Q. So I'm having trouble. This seems 16 inconsistent to me. Why would there be neurological 17 checks every one to two hours if he was going to go 18 to the hospital within an hour? 19 A. That's something I would standard put in. 20 You're right. He should have been gone by the time 21 -- and I never even wrote that order actually. That 22 was my -- you're right. It is inconsistent, and 23 that is my -- my error. 24 Normally when we have someone with an 25 injury we would do neuro checks every one to two</p>
<p style="text-align: right;">Page 94</p> <p>1 A. Mm-hmm. 2 Q. Why isn't that an emergency? Why wouldn't 3 it be important to get him to the hospital right 4 away in case there was a subdural hematoma? 5 A. My clinical suspicion was very low. All 6 around me, you know, I mentioned in my notes his eye 7 -- you know, his eye tracking. He had a lazy eye. 8 And everyone said, "That's just him. He's always 9 had it." 10 His mental capacity wasn't quite up to 11 normal. Everyone around me said, "Kris, that's 12 normal for him. We know Mr. Green." I'd never seen 13 him before, and I wasn't real comfortable with just 14 taking everybody else's assessment. 15 Q. Did you put anywhere in writing that you 16 wanted him to go to the hospital within an hour? 17 A. It is -- "Patient to be" -- it says 18 "Patient to be released. Will recommend courtesy 19 drop at ER" -- 20 Q. Excuse me. I need to track that with you. 21 A. I'm sorry. 22 Q. No, it's okay. I should have pulled mine. 23 So what page number are you on? 24 A. Well, it's the last in that unless yours 25 is stapled --</p>	<p style="text-align: right;">Page 96</p> <p>1 hours. That's just a standard procedure. 2 Q. So then you wrote "Patient to be 3 released." Why was he going to be released? 4 A. I don't know. That was a custody. He was 5 going to be released from custody. 6 Q. Is that so Corizon wouldn't -- or the jail 7 wouldn't have to pay for his medical care? 8 A. I don't have any knowledge as to why he 9 was being released. I don't know if it was his 10 charges. I don't have any -- I don't have any -- I 11 don't know if that was determined before the 12 incident. I don't have any knowledge of that as to 13 why. 14 Q. The reason you wrote "Patient to be 15 released" is because it's something Sergeant Balcom 16 told you? 17 A. Yes. Yes. We were told he was going to 18 be released. They would do the paperwork and then 19 they would take him to the ER. 20 Q. All right. So you knew it wasn't going to 21 happen right away, so you decided you were going to 22 stitch his head up. Did a sheriff's officer ask him 23 to get into the wheelchair? 24 A. I don't recall. 25 Q. Did he get into the wheelchair himself?</p>

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<p style="text-align: right;">Page 97</p> <p>1 A. No. 2 Q. How did he get into the wheelchair? How 3 did that happen? 4 A. I -- I had my back turned and was cleaning 5 up. I was covered with blood and I was cleaning up 6 and helping get some of that stuff put together. I 7 know that several officers helped pick him up and 8 put him in the wheelchair. 9 Q. Can you describe how they picked him up? 10 A. I can't. I did not see it. 11 Q. Did you see him in the wheelchair? 12 A. I did. 13 Q. How was he in the wheelchair? Was he 14 sitting up straight? Was he slumped over? 15 A. He was -- he was dragging his feet. He 16 was almost absolutely flaccid. 17 Q. Was he absolutely flaccid? 18 A. No. 19 Q. What part of him wasn't flaccid? 20 A. Well, at times -- especially when we got 21 down to the clinic -- he was using his feet to try 22 and push the chair. I was kind of backed into a 23 corner. We kept him in the wheelchair as I was 24 suturing up -- suturing him up. He was moving his 25 head. He was kind of doing this. So it took</p>	<p style="text-align: right;">Page 99</p> <p>1 head so I can work. And someone was actually 2 holding it in place and holding his head because he 3 -- he was fighting. 4 Q. I want to be sure I understand something. 5 I'm asking you a question that I asked you before in 6 a slightly different form, but the difference is 7 important to me so bear with me, please. 8 Why didn't you ask for EMTs to be called 9 while he was in the courtroom? 10 A. My clinical suspicion for a severe injury 11 was low. 12 Q. But there was some suspicion in your mind 13 that he had a head injury that was serious. 14 A. Very small. 15 Q. I thought that the motto was, "When in 16 doubt, send them out"?</p> <p>17 A. Yes. 18 Q. Why -- there was some doubt in your mind, 19 wasn't there? 20 A. He was going out. 21 Q. If -- what was it that you had a small 22 clinical suspicion for? What was it that was in 23 your mind that maybe he had? Was it a subdural 24 hematoma or was it something else? 25 A. Just a generalized head -- I didn't have a</p>
<p style="text-align: right;">Page 98</p> <p>1 several officers to just kind of hold him in place 2 so I could suture him. 3 Q. Why didn't you put him on an examination 4 table in the infirmary? 5 A. Our exam rooms aren't set up so -- to do a 6 suturing at the top of the head. The end of the 7 table end is at -- ends at a wall. So a lot of 8 times if I have to do something like that on the 9 back of a neck or a head, depending on the size of 10 the patient and the situation, I will do it as they 11 are sitting up in a wheelchair. 12 Q. Who was holding him in the wheelchair 13 while you were doing your stitching? 14 A. Several deputies. 15 Q. No Corizon folks? 16 A. I think -- I want to say -- typically I 17 will have an assistant in there to help me with 18 stuff. I want to say Sharon Fagan was in there, but 19 I -- I can't swear to that. 20 Q. Did Mr. Green hold his head up for you so 21 you could do the stitching? 22 A. He did. He would hold his head up, but 23 then -- you know, so we actually had someone kind of 24 holding him, because I have a sterile drape over 25 him, over his -- not over his face but over his</p>	<p style="text-align: right;">Page 100</p> <p>1 specific differential diagnosis. Again, my clinical 2 suspicion was low. But I did not know this 3 patient's mental baseline. I was concerned because, 4 you know, the -- what sticks out in my mind is, "My 5 ears are paralyzed. I can't hear you," and some of 6 his responses, which I can't give you specifics, 7 just weren't quite normal. 8 Q. So you knew you had intentionally rammed 9 his head into a wall. 10 A. Yes. 11 Q. And you knew his pupils are not briskly 12 reactive to light. Correct? 13 A. Mm-hmm. 14 Q. And you knew he was acting somewhat 15 inappropriate verbally with you. What was -- in 16 your unofficial differential diagnosis in your mind, 17 what's the worst thing it could have been that was 18 going on with him at that time? 19 A. Like a subdural hematoma or an 20 intracerebral bleed. 21 Q. And if it was subdural hematoma or an 22 intracerebral bleed, that is potentially fatal, 23 isn't it? 24 A. Correct. 25 Q. And time is of the essence, isn't it?</p>

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<p style="text-align: right;">Page 101</p> <p>1 A. Correct. 2 Q. The sooner the treatment occurs the 3 better. Correct? 4 A. Mm-hmm. 5 Q. So why not call the EMTs if you are doubt? 6 Get him out. Why not? 7 A. My clinical suspicion was low. 8 Q. So does Corizon ask you, as a physician's 9 assistant, to not send someone emergently to the 10 hospital if your clinical suspicion is low? 11 A. Mm-hmm. 12 Q. You wrote in your chart note -- and I'm 13 looking on page 46 again -- UE, and then that's the 14 symbol for with -- F-R-O-M. Am I credit reading 15 that correctly? 16 A. Yes. 17 Q. Does that mean upper extremities with full 18 range of motion? 19 A. Correct. 20 Q. Did you mean by that he had passive full 21 range of motion or active full range of motion? 22 A. Both. 23 Q. What about his lower extremities? 24 A. Same thing. 25 Q. Why didn't you write that down?</p>	<p style="text-align: right;">Page 103</p> <p>1 Q. I think it does. Take a look at 43. 2 A. But these are out of order. This was the 3 second -- when I got called to seg/med to see him. 4 Q. You're right. You're right. All right. 5 So what we ought to do is put Exhibit 48 in the 6 correct order. 7 MR. ROSENTHAL: So does anybody mind 8 if I unstaple it and put it in the correct order? 9 MR. DAIGLE: I think each page has at 10 least one time entry on it. 11 MR. ROSENTHAL: Does anybody mind if I 12 reorder these pages? 13 THE VIDEOGRAPHER: We've got a tape 14 change coming up. Would now be a good time? 15 MR. ROSENTHAL: Perfect. Perfect 16 time. 17 THE VIDEOGRAPHER: We're off the 18 record. 19 (Recess: 3:06 to 3:15 p.m.) 20 THE VIDEOGRAPHER: We are back on the 21 record. 22 BY MR. ROSENTHAL: 23 Q. I thought I asked you this question, but 24 my partner thought that I didn't ask it so I'm going 25 to ask it again in case he's right. Did anybody ask</p>
<p style="text-align: right;">Page 102</p> <p>1 A. An oversight. 2 Q. When did you make this entry we've been 3 reading from? 4 A. Probably -- I mean, obviously he had -- I 5 went up, saw him, brought him down, sewed him up. 6 And it probably would have been right after that. 7 Q. I'm going to give you the original chart 8 here that Mr. Daigle brought with us today. So the 9 page I've turned to has black ink on the top and 10 then your note, 2/12/13, that we've just been 11 referring to is in blue ink. 12 A. Correct. 13 Q. So by looking at this chart is there any 14 better way to pinpoint in time when you wrote that 15 note? 16 A. No. No, there really isn't. 17 MR. DAIGLE: Can we correlate that -- 18 I'm sorry, Elden, to interrupt you -- with the Bates 19 page just for clarity? 20 MR. ROSENTHAL: Yeah. I can do it 21 here. 22 BY MR. ROSENTHAL: 23 Q. So the blue ink begins, as I understand 24 it, around page 43. Is that correct? 25 A. No.</p>	<p style="text-align: right;">Page 104</p> <p>1 for a backboard in the courtroom? 2 A. Not that I recall. 3 Q. If a backboard had been provided, would 4 you have used it to transport Mr. Green back to the 5 medical clinic? 6 A. Probably not. 7 Q. While Mr. Green was in the clinic being 8 sutured, did he have a bowel movement? 9 A. Yes. 10 Q. Did he also have a bowel movement in the 11 courtroom? 12 A. Not that I'm aware of, no. 13 Q. Did he urinate on himself in the 14 courtroom? 15 A. Not that I'm aware of. 16 Q. So when, when he was in the medical 17 clinic, did he have the bowel movement? 18 A. As I was suturing him. 19 Q. So it was during the process of suturing? 20 A. Yes. 21 Q. Were you aware that he was having a bowel 22 movement as it was occurring? 23 A. Yes. 24 Q. How did you become aware? 25 A. Sound. Smell.</p>

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<p style="text-align: right;">Page 105</p> <p>1 Q. What sound? What sound did you hear? 2 A. The sound of him having a bowel movement. 3 Q. So did he -- did he have gas? 4 A. Yes. 5 Q. Did he -- did any part of his body move as 6 -- either right before or during the bowel movement? 7 Did his chest move? Did his stomach move? Did he 8 try to get out of the chair? Anything at all? 9 A. I can't tell you right specifically at 10 that time, but then I do remember him -- you know, 11 because we kept having to say, "Mr. Green, please 12 hold still," because he would put his feet on the 13 ground and push up and try to shift his hips and try 14 to -- he was in a wheelchair that had the locks on, 15 but he was really trying to push. He was using his 16 legs to try to maneuver himself in the chair. 17 Q. Were there places for his feet to go? 18 What do you call those little things on a wheelchair 19 where you put your feet? What do they call them? 20 Foot rests? 21 A. Foot rests. Exactly. 22 Q. Were there foot rests? 23 A. I don't think so, no. I mean, he was a 24 pretty tall guy, so, I mean, his feet were on the 25 ground.</p>	<p style="text-align: right;">Page 107</p> <p>1 know, "Not again, Kelly." Like I said, I had never 2 seen this guy, but apparently he had a history of 3 doing this. I didn't -- all I remember is, "Really, 4 Kelly, again?" But that's, you know -- 5 And I do, you know, sort of remember 6 saying, "Listen, we are going to get this done real 7 quick and we'll get you cleaned up." But like I 8 said, at the time I was suturing his head, trying to 9 maintain a sterile field on a moving target so my 10 focus was up here. 11 Q. According to your education and training, 12 when someone has a neurological injury can that 13 cause an involuntary bowel movement to occur? 14 A. Mm-hmm. 15 Q. Was that a yes? 16 A. Yes. 17 Q. Did that thought cross your mind when he 18 had the bowel movement? 19 A. Yes. 20 Q. So what did you do at that point to 21 satisfy yourself that he was okay? 22 A. Well, he was still moving his legs. I 23 mean, he was still, you know, kind of kicking 24 around. He was moving. Typically if you see 25 something like that it's -- you know, there's been a</p>
<p style="text-align: right;">Page 106</p> <p>1 Q. Why were there no foot rests on the 2 wheelchair? 3 A. I can't answer that. I don't know. 4 Q. Are there now? 5 A. I don't know. 6 Q. So was he pushing on the ground with his 7 feet while he had the bowel movement? 8 A. I don't recall if it was specifically 9 during the bowel movement, but I know before and 10 after he was. 11 Q. Do you remember any particular movement or 12 noise that came out of his mouth associated with the 13 bowel movement? 14 A. No. And he had been sort of chatting with 15 the deputies. They were talking to him a little 16 bit, and I wasn't paying attention to what was being 17 said. I was focused on what I was doing. So I 18 mean, he may have said something about needing to 19 go, but I didn't -- I didn't hear it. I didn't -- I 20 didn't pick that up. 21 Q. When you became aware that he had had a 22 bowel movement, did you say anything to him about 23 it? 24 A. I really didn't. The deputies that were 25 in the room with me were, you know, saying, you</p>	<p style="text-align: right;">Page 108</p> <p>1 pretty severe injury. 2 And again, I have not seen this 3 personally, but he had done it -- I was told he had 4 done it before. And we also have inmates that do 5 that on a fairly frequent basis. 6 Q. Did you take his blood pressure again 7 while he was in the medical clinic? 8 A. I didn't personally. 9 Q. Did anyone? 10 A. I'm not sure that they did. 11 Q. There's nothing charted anywhere. 12 A. Then there probably wasn't. 13 Q. Why do you say if it wasn't charted it 14 probably wasn't done? 15 A. Well, I can't assume that it was. If it's 16 not charted, I can't say that it was done. I would 17 like to say that it was done, but I can't if it's 18 not in the chart. 19 Q. And that's because there's a general rule 20 for nurses and physician's assistants: If it's not 21 in the chart, it wasn't done. Correct? 22 A. Correct. 23 Q. Were any vital signs taken while he was in 24 the medical clinic? 25 A. Not that -- not according to the chart,</p>

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<p style="text-align: right;">Page 121</p> <p>1 later in the day, but as long as he was 2 breathing there was no immediate concern, 3 close quote. 4 Had anybody read that to you or had you 5 read that before this very moment? 6 A. Not verbatim, no. 7 Q. Did it ever come to your attention as the 8 PA for Corizon on February 12th that there had been 9 any calls from Deputy Sheriff Burnette or anyone 10 else back to the medical clinic reporting that 11 Mr. Green was not moving? 12 A. No. 13 Q. When did you learn that Burnette had 14 called the -- had allegedly called the medical 15 clinic a couple of times on February 12th? 16 MR. DAIGLE: Before you answer, to the 17 extent that you have knowledge outside of 18 conversations with counsel, you can answer the 19 question. 20 BY MR. ROSENTHAL: 21 Q. Did you know other than from talking to a 22 lawyer? 23 A. Yes. And I -- I'm trying to recall, 24 because like I said, we've not talked about this so 25 I'm trying to recall if this is something that I</p>	<p style="text-align: right;">Page 123</p> <p>1 able to be reminded to do neuro checks on a patient? 2 A. Had he still been in the building, they 3 would have -- I would have done them or I would have 4 verbally told the nurses this is what we need done 5 every hour. 6 Q. But he was still in the building. 7 A. But I wasn't aware of it. He was -- when 8 he rolled out of the clinic and was cleaned up in 9 seg, I was under the impression that he was on his 10 way out the door. 11 Q. You thought he was leaving the clinic and 12 going right to the hospital? 13 A. I thought he was going to go get cleaned 14 up in seg, they would finish the paperwork, and get 15 him out. That's the impression that I was given. 16 Q. And is the standard operating procedure 17 that when an inmate leaves that -- for medical 18 reasons that the medical clinic is advised of that 19 fact? 20 A. Not always, no. 21 Q. But is that the standard practice? 22 A. It is now. 23 Q. How is that achieved? 24 A. I call and call and call. "Is he gone?" 25 "Are they still here?" "Why are they still here?"</p>
<p style="text-align: right;">Page 122</p> <p>1 heard -- I'm sorry. I don't have an immediate 2 answer for you. But I had heard that there were -- 3 that Don had called. 4 But like I said, I did not -- I was not 5 aware of any of the phone calls and I did not speak 6 to him nor did anybody come talk to me. 7 Q. In your opinion as a physician's 8 assistant, was it appropriate for a nurse to tell 9 Deputy Sheriff Burnette that if Mr. Green was 10 breathing that everything was okay? 11 MR. DAIGLE: Object to the form. 12 A. No. 13 BY MR. ROSENTHAL: 14 Q. What should have happened? 15 A. The nurse should have gone back and 16 assessed him or said to me, "Mr. Green is still 17 here. This is what Burnette is saying," and we 18 would have gone back and assessed him immediately. 19 Q. We've already talked about this a little 20 bit, but your chart note, Exhibit 48, says neuro 21 checks every one to two hours. 22 Did you make any effort to see that there 23 were neuro checks done every one to two hours? 24 A. No, I did not. 25 Q. Was there a system in place for you to be</p>	<p style="text-align: right;">Page 124</p> <p>1 Q. When an inmate leaves, is there a standard 2 procedure for the sheriff's staff to tell the 3 medical staff that the patient is gone -- that the 4 inmate is gone? 5 A. No. 6 Q. What did you mean by "will recommend 7 courtesy drop"?</p> <p>8 A. Well, that's just semantics. I told them, 9 you know, "He either needs to be taken to the ER or 10 if you guys can't do that, then I would like an 11 ambulance to come pick him up."</p> <p>12 I mean, I recommended that they courtesy 13 drop him, not just release him to a family member or 14 whatever.</p> <p>15 Q. What is a courtesy drop?</p> <p>16 A. When they are no longer in custody, but 17 they take them as a courtesy.</p> <p>18 Q. What did you do the rest of that 19 afternoon?</p> <p>20 A. Saw patients in the clinic.</p> <p>21 Q. Did you stay in the clinic the rest of the 22 afternoon?</p> <p>23 A. I don't recall.</p> <p>24 Q. Did you see patients in their cells that 25 afternoon?</p>

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<p style="text-align: right;">Page 125</p> <p>1 A. I can't recall. More than likely. 2 Q. Were there other patients in seg/med? 3 A. I can't recall if there were any at that 4 time. 5 Q. Is seg/med on the same floor as the 6 medical clinic? 7 A. Yes. 8 Q. How far a walk is it from the medical 9 clinic to seg/med? 10 A. Just around a corner. 11 Q. Ten seconds? 12 A. Mm-hmm. 13 Q. You never walked over to see if Mr. Green 14 was still in the cell? 15 A. No. 16 Q. How did you learn -- I think you already 17 told me that somebody -- that some nurse told you 18 that Mr. Green needed to be reevaluated. Is that 19 correct? 20 A. Yes. 21 Q. You don't remember which nurse? 22 A. No, I don't. 23 Q. And when did you write the note that 24 appears -- that begins on page 43 of Exhibit 48? 25 When did you write the note about what you did when</p>	<p style="text-align: right;">Page 127</p> <p>1 Q. How long were you with Mr. Green? 2 A. Probably 15 or 20 minutes. So you're 3 right. I mean, obviously it was -- it was a little 4 -- I mean, I must have gotten called off to do 5 something else. But I sat down, probably as soon as 6 I had the chance, to do the chart note. I did it 7 that afternoon. 8 Q. So you didn't do it right after you saw 9 Mr. Green? 10 A. No. No. I mean, obviously I didn't. I 11 thought that I did. But obviously, per this, I did 12 not. 13 Q. Did you go back at 3:45 with Nurse Smith? 14 Did you two go in together? 15 A. Yes. 16 Q. Who took his vital signs? 17 A. Probably she did. 18 Q. When in the course of events were his 19 vital signs taken? 20 A. Well, she would -- or they -- I'm sure it 21 was Leah because she charted it. She would have 22 taken them before I got in there. And that's when 23 -- either that or -- I'm not sure. I don't remember 24 if she came or if she sent Sharon or somebody else. 25 It was one of the nurses that came and told me. But</p>
<p style="text-align: right;">Page 126</p> <p>1 you went back to see Mr. Green in the late 2 afternoon? 3 A. Right after I saw him. This says here 4 that they called me at 1730. 5 Q. No, no. That's -- you are not reading 6 that right. That note was written at 1730. 7 A. Oh, okay. I don't have -- but it was 8 right after. Right after I saw him, evaluated, said 9 he has to go, now. Then I went right back in and 10 charted. 11 Q. Was it after 5:30 p.m. that you charted? 12 A. I can't tell you that. I don't -- I'm not 13 sure what the time frames are. 14 Q. I'm doing a little Sherlock Holmes here. 15 Bear with me. On the top of 43 there's a note 16 written by someone else. Correct? 17 A. Mm-hmm. 18 Q. Who wrote that note? 19 A. Looks like Leah, Leah Smith. She's an RN. 20 Q. She has timed her note 2/12/13, 1730. 21 Correct? 22 A. Correct. 23 Q. And she says, "At approximately 1545 we 24 got called to see Mr. Green." 25 A. Correct.</p>	<p style="text-align: right;">Page 128</p> <p>1 I came in there, was told the vital signs. I did a 2 very quick assessment. 3 Q. Let me stop you for a second. You've said 4 two contradictory things to me. I want to sort it 5 out. You first told me you walked into Mr. Green's 6 cell with Nurse Smith. And now, if I understood 7 what you just said, you said you came in later. So 8 I want to know which it is. 9 A. Leah had gone in -- she charted it, so I'm 10 assuming it was Leah that went in. She did the 11 vital signs, and then someone came to get me. I 12 don't remember if it was Leah that came to get me or 13 if it was Sharon. But then I walked back with them 14 and did my assessment, because she came to me and 15 said, "He is not moving." And to be honest, I can't 16 remember if she told me the vital signs then or if 17 she did them as soon as I got back in there with 18 her. It all happened about the same time. 19 Q. All right. So let's walk through this 20 really carefully. Is it your testimony that you 21 knew Mr. Green's vital signs before you went in the 22 room to see him? 23 A. I don't recall. 24 Q. You don't remember one way or the other? 25 A. Right.</p>

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<p style="text-align: right;">Page 129</p> <p>1 Q. Do you remember at what point in time you 2 determined that he needed to go to the hospital? 3 A. Probably within about 15 seconds of 4 walking in and doing a quick neuro exam and then 5 being -- either being told -- either I knew right 6 before, but it all happened within a two-minute 7 period. Them coming to get me, these are the vital 8 signs, here's my neuro exam, he's got to go. 9 Q. All right. So you made the decision after 10 you saw him? 11 A. Yes. 12 Q. How did he appear to you? 13 A. He was lying very still. He was mentally 14 alert. He was actually moving his head. And he 15 stated very clearly, "I can't move." 16 I did a neuro check and, you know, a 17 pretty brief neuro exam. 18 Q. Tell me exactly what you did as best you 19 recall it. 20 A. I asked him again to squeeze my fingers . 21 He couldn't do it. He couldn't move very much 22 against -- he was moving a little bit on his own, 23 but when I asked him to push against my hand, like 24 with his feet, for example -- "Push against me" -- 25 whereas before he was able to push down with equal</p>	<p style="text-align: right;">Page 131</p> <p>1 Q. In your nursing experience, does a blood 2 pressure of 84 over 62 correlate with a spinal cord 3 injury? 4 A. Not necessarily. 5 Q. What do you mean? 6 A. Sometimes it can be -- it can be really 7 high depending on where the injury is within the 8 spinal cord. You know, sometimes patients are 9 realizing, Oh, my god, I'm paralyzed, and their 10 blood pressure is through the roof because they are 11 panicking. It could have been very low because he 12 was lying there very, very still. He wasn't 13 panicking. He wasn't upset. 14 Q. Does the phrase neurogenic shock mean 15 anything to you? 16 A. Yes. It means when the body starts 17 shutting down, when the body -- you know, a blood 18 pressure can drop, respirations can drop, O₂ 19 saturation can drop where the body essentially goes 20 into shock because of a neuro injury. 21 Q. Is that, in your opinion, what was going 22 on? 23 A. Of course. 24 Q. How urgent was the need to get him to the 25 hospital?</p>
<p style="text-align: right;">Page 130</p> <p>1 strength against resistance on both sides, he 2 couldn't do that. He had very, very little 3 strength. 4 His sensation was diminished. I use a 5 sharp object and kind of go up the bottom of their 6 foot. He didn't react. And at that point I said, 7 "He has to go." 8 Q. Who did you say that to? 9 A. The nurses and the -- the security, 10 whoever -- I don't know if it was Deputy Correll at 11 that time, but there was multiple people in the 12 cell. 13 Q. What was -- what were you trying -- what 14 was going on with Mr. Green? 15 A. At that time I was worried about a spinal 16 cord injury. 17 Q. Did you think he was faking? 18 A. No. 19 Q. If it was a spinal cord injury, did you 20 have an opinion as to whether it was a low back 21 spinal cord injury or a cervical spinal cord injury? 22 Did you have an opinion on that? 23 A. Well, I'm -- likely it would have been a 24 cervical spine because his upper extremities were 25 involved.</p>	<p style="text-align: right;">Page 132</p> <p>1 A. Very urgent. And I said, "He needs to go 2 now, Code 3." 3 Q. What did you do after you said -- who did 4 you say Code 3 to? 5 A. One of -- the deputy. Again, I don't 6 remember if it was Correll. I don't remember. I 7 mean, I don't have to say it to a specific person. 8 I can say he has to go out Code 3, and everybody 9 knows that that's what they do. 10 Q. Did you write that down anywhere? 11 A. No, I did not. I just wrote, "Will send 12 to ER for further eval." 13 Q. You didn't write down either that you 14 suspected he had a spinal cord injury, did you? 15 A. I said, "Diminishing sensation of strength 16 is concerning for possible cervical injury." 17 Q. Is that your way of saying this is 18 probably what's happening? 19 A. Mm-hmm. 20 Q. Why didn't you say probable rather than 21 possible? 22 A. I can't -- I can't answer that. 23 Q. Do you know the difference between those 24 two words? 25 A. I do.</p>

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<p style="text-align: right;">Page 133</p> <p>1 Q. So you told somebody Code 3. 2 A. Mm-hmm. 3 Q. What did you do then? 4 A. I can't recall. 5 Q. Did you stay in the cell with your patient? 6 A. No. A nurse would have done that. 7 Q. Did you instruct the nurse to stay in the cell with the patient? 8 A. I don't recall if I specifically instructed, but that's -- that's standard procedure. 9 If we have somebody who is going out, whether it's 10 Code 3, Code 1, we typically keep someone -- if an 11 ambulance is coming, we typically keep someone with 12 them. 13 Q. Did you give any special instructions to 14 the nurse about what she should or shouldn't do with 15 Mr. Green while she was waiting for the ambulance? 16 A. I don't specifically recall other than 17 keep him still. 18 Q. Did you give her any instructions about 19 immobilizing his head? 20 A. No. 21 Q. Why not? 22 A. He was moving. And I -- I -- I should</p>	<p style="text-align: right;">Page 135</p> <p>1 A. I don't -- I don't recall. 2 Q. And your testimony today is you left him 3 with the nurse without telling the nurse to 4 immobilize his spine? 5 A. Correct. 6 Q. Were you present when the ambulance came? 7 A. I don't recall -- I don't think I was. 8 Q. Did you talk to the ambulance people? 9 A. I don't recall. I usually do, but I don't 10 recall on that specific incident. 11 Q. Is this the worst injury you had had 12 during your stay at the Lane County jail at that 13 point in time? 14 A. Probably. But again, I can't -- 15 Q. I don't understand why you didn't stay 16 with him in the room and wait for the ambulance. I 17 just don't understand. 18 MR. DAIGLE: Object to the form. BY MR. ROSENTHAL: 19 Q. Can you explain that to me? 20 A. I can't. 21 Q. Were you crying when you left the room? 22 A. No. I was upset. And I know that I was 23 talking to people in the deputies' office: "Why is 24 he still here?"</p>
<p style="text-align: right;">Page 134</p> <p>1 have. I absolutely should have. But I didn't. 2 Q. When you went into the room was he naked? 3 A. Yes. I think. 4 Q. Had he -- 5 A. He was under a blanket. 6 Q. Did you lift the blanket? 7 A. For -- I lifted it up just far enough so I 8 could examine his legs. 9 Q. Well, did you -- could you determine 10 whether or not he had been cleaned up from when he'd 11 had his bowel movement? 12 A. No. 13 Q. Did you smell the bowel movement in the 14 room? 15 A. I did not, no. 16 Q. Did you know whether he was lying in feces 17 and urine? 18 A. I did not, no. 19 Q. Did you instruct anyone to clean him up 20 before the ambulance came? 21 A. No. 22 Q. So your testimony today is that when you 23 went into the room at approximately 3:45 p.m. you 24 have no recollection as to whether or not the room 25 smelled of bowel movement?</p>	<p style="text-align: right;">Page 136</p> <p>1 Q. Who did you talk to in the deputies' 2 office? 3 A. I was new enough at the time that I didn't 4 know -- I didn't know really a lot of people's 5 names. So I can't recall specifically who it was. 6 Q. Was it the deputies' office that's right 7 there by his cell? 8 A. Yeah, down the hall just a little bit and 9 then over -- you know, being in the clinic -- and 10 then I remember going to the clinic and saying, "I 11 don't understand why. Why was he still here? He 12 should have been gone hours ago. Why wasn't I 13 notified?" 14 Q. Who did you say that to? 15 A. Just about everybody that was there. 16 Q. The Corizon people? 17 A. Corizon as well as -- as well as deputy 18 staff. 19 Q. One of the witnesses made this drawing. I 20 believe it was Officer Correll. Exhibit 39. And he 21 indicated that Mr. Green was in Seg 6 and that the 22 office was basically right across the little 23 hallway. 24 A. Right. Right in here. 25 Q. Did you go into that office?</p>

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<p style="text-align: right;">Page 141</p> <p>1 A. He was no longer in custody. Therefore we 2 don't have -- we aren't allowed to have that 3 information if they are no longer in police custody 4 or sheriff's custody. 5 Q. Did you ever ask Dr. Montoya if there was 6 a way that he could get those records so that you 7 and the other Corizon staff could have a better 8 understanding of what happened? 9 MR. DAIGLE: Object to the form. 10 A. I am pretty sure that I did. But, you 11 know, I don't recall ever seeing them. But again, 12 we don't have -- if they are not in custody, they 13 will not give us information unless they book -- 14 obviously, if they book back in and we get a release 15 of information for previous medical records, but 16 they are not allowed by HIPAA without a consent from 17 the patient or patient representative. They did not 18 give us that information. 19 BY MR. ROSENTHAL: 20 Q. Have you done any research in either books 21 or journals or on the internet regarding spinal cord 22 injuries since February 12, 2014? 23 A. I went to a seminar. 24 Q. Who put the seminar on? 25 A. A surgeon in Sisters -- or Bend, Oregon.</p>	<p style="text-align: right;">Page 143</p> <p>1 now? 2 (Deposition Exhibit No. 54 3 marked for identification.) 4 BY MR. ROSENTHAL: 5 Q. I'm going to hand you Exhibit 54 and ask 6 you what that is. 7 A. A Nursing Encounter Tool, what we call a 8 NET. 9 Q. What is it? 10 A. It's when a nurse gets called to see a 11 patient. At that point -- 12 MR. NEWTON-TAPIA: Is there a copy for 13 me as well? 14 MR. ROSENTHAL: Oh, I gave -- 15 MR. DAIGLE: He gave them both to me. 16 MR. ROSENTHAL: Sorry. 17 BY MR. ROSENTHAL: 18 Q. Go ahead. 19 A. We have them for all kinds of -- for rash, 20 for eye injury, for chest pain, for nausea/vomiting, 21 for all different kinds of medical complaints. But 22 this is what the nurses fill out when they get 23 called out to see somebody who has this complaint. 24 It kind of takes place of a progress note. 25 Q. As a physician's assistant, do you use</p>
<p style="text-align: right;">Page 142</p> <p>1 Q. Where was the seminar? 2 A. It was at Eagle Crest Resort. 3 Q. When was it approximately? 4 A. It was in the summer. I want to say it in 5 -- it was actually this October. 6 Q. Just a few months ago. 7 A. Correct. 8 Q. Who put the seminar on? 9 A. Central Oregon -- it was a Central Oregon 10 medical conference, and there were half a dozen 11 different speakers, presenters from different -- 12 different areas of the region. 13 Q. Did you ask any questions of the presenter 14 regarding spinal cord injuries? 15 A. Not any that I specifically remember. 16 Q. Did Lieutenant Brown ever interview you 17 about what had happened? 18 A. No. 19 Q. Did anyone from the sheriff's office ever 20 interview you about what had happened? 21 A. No. 22 MR. DEVLIN: Do you want to take a 23 break? 24 MR. ROSENTHAL (to Mr. Devlin): I want 25 to look at the policies here. Can we do that right</p>	<p style="text-align: right;">Page 144</p> <p>1 these tools, these NETs? 2 A. I do not, no. 3 Q. Were these -- was this tool available in 4 February of 2013, to your knowledge? 5 A. Not to the extent that they are now. 6 Q. So this document says it was issued 7 1/15/2013. Do you see that? 8 A. Mm-hmm. 9 Q. Do you have any idea when the document got 10 into your medical clinic? 11 A. I don't. 12 (Deposition Exhibit No. 55 13 marked for identification.) 14 BY MR. ROSENTHAL: 15 Q. Exhibit 55 is another one of these NET 16 tools. This is specifically for head injuries. Is 17 that the one for head injuries I just gave you? 18 A. Yes. Yes. 19 Q. And again, this is something that you are 20 saying that the nurses would use, but you as a 21 physician's assistant would not need to use it? 22 A. Correct. 23 Q. When Corizon uses the phrase "health care 24 staff," does that include nurses or is that just 25 physicians and physician's assistants?</p>

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<p style="text-align: right;">Page 145</p> <p>1 A. That includes nurses. 2 (Deposition Exhibit No. 56 3 marked for identification.)</p> <p>4 BY MR. ROSENTHAL:</p> <p>5 Q. What is Exhibit 56? 6 MR. DAIGLE: Did he give you two 7 copies?</p> <p>8 THE WITNESS: Yes.</p> <p>9 A. It looks like a Corizon document regarding 10 emergency care.</p> <p>11 BY MR. ROSENTHAL:</p> <p>12 Q. I'm wondering what it is. I agree, it 13 looks look a Corizon document. But it says New 14 Employee Orientation, Part II, Clinical, on the 15 bottom. Does that give you any help in explaining 16 to me what it is?</p> <p>17 A. It really doesn't, no.</p> <p>18 Q. Is this a document -- have you ever seen 19 this document?</p> <p>20 A. I'm sure that I have. I don't remember it 21 specifically, but I'm sure that I've seen it.</p> <p>22 Q. Are these kind of documents required 23 reading for employees to your knowledge?</p> <p>24 A. Yes.</p> <p>25 Q. Are you tested on these documents?</p>	<p style="text-align: right;">Page 147</p> <p>1 the RN have learned about the need to do them? 2 A. I would have told them. 3 Q. So I take it you didn't ask anybody to do 4 neuro checks?</p> <p>5 A. I didn't. Again, I didn't expect him to 6 be in the building long enough to even get the first 7 check.</p> <p>8 (Deposition Exhibit No. 57 9 marked for identification.)</p> <p>10 BY MR. ROSENTHAL:</p> <p>11 Q. What is Exhibit 57?</p> <p>12 A. This is our emergency room referral. This 13 is the paperwork that gets filled out and sent to 14 the emergency room. It's a quick -- a quick report, 15 if you will, that goes -- so when they get to the 16 emergency room they can give this to the physician. 17 It's just a report.</p> <p>18 Q. When do you fill these out?</p> <p>19 A. As soon as you know they are going to go, 20 the ambulance is on the way.</p> <p>21 Q. Did you fill one out for him after he was 22 taken from the court -- after he left the medical 23 clinic when you thought he was going to be leaving 24 within the next 45 minutes or so?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 146</p> <p>1 A. No.</p> <p>2 Q. Are you expected to learn these documents?</p> <p>3 A. Yes.</p> <p>4 MR. ROSENTHAL: I think this would be 5 a good place for a break. We are getting close to 6 being done. I want to take a break and kind of 7 organize how to wrap this up. So can we go off the 8 record for a few minutes, please?</p> <p>9 THE VIDEOGRAPHER: We are off the 10 record.</p> <p>11 (Recess: 4:10 to 4:22 p.m.)</p> <p>12 THE VIDEOGRAPHER: We're back on the 13 record.</p> <p>14 MR. ROSENTHAL: Thank you.</p> <p>15 BY MR. ROSENTHAL:</p> <p>16 Q. When Mr. Green was taken from the medical 17 clinic to his jail cell by the sheriff's office, did 18 you ask them to protect his spine in any way?</p> <p>19 A. No.</p> <p>20 Q. I understand what you've said about the 21 neuro checks on the chart note being a mistake. But 22 if in fact neuro checks were going to be done, who 23 was going to do them?</p> <p>24 A. Either an RN or myself.</p> <p>25 Q. So if an RN going to do them, how would</p>	<p style="text-align: right;">Page 148</p> <p>1 Q. Why not?</p> <p>2 A. Because he was going to be released from 3 custody and they were just going to courtesy drop 4 him. This is typically if someone's in custody and 5 being taken by ambulance. Like I said, it's an 6 in-custody thing. We are referring them to the 7 emergency room and here's what happened beforehand. 8 At this point I didn't know if Mr. Green 9 was still in custody or not. And it's -- it's a 10 courtesy to the providers on the receiving end.</p> <p>11 Q. How does this get to the provider on the 12 receiving end?</p> <p>13 A. You give it to the paramedics.</p> <p>14 Q. So did you give this form to the Eugene 15 EMTs that came to transport him?</p> <p>16 A. Yes.</p> <p>17 Q. How -- so you went back to your office, 18 filled this form out?</p> <p>19 A. Mm-hmm.</p> <p>20 Q. Then did you physically give it to them?</p> <p>21 A. No. I would have given it to our office 22 assistant or a nurse because we make several copies 23 of it. And the original paperwork goes with the 24 inmate.</p> <p>25 Q. Let me see what you've got, make sure I've</p>

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<p style="text-align: right;">Page 149</p> <p>1 got the same thing here. All right. Well, I really 2 don't understand this. So you went back to the 3 medical clinic office and prepared this document. 4 Right?</p> <p>5 A. Mm-hmm.</p> <p>6 Q. And then you gave it to an administrative 7 person probably?</p> <p>8 A. Or a nurse, somebody -- a lot of time -- 9 let me correct myself. At that time we did not have 10 an official administrative -- or office assistant. 11 It would have been a nurse in the clinic. I would 12 have given it to them to make the appropriate copies 13 and then to go -- keep whoever was with the patient 14 from medical, hang onto it until the EMTs got there. 15 And then they give it to them.</p> <p>16 Q. And the purpose of this is to give a good 17 history to the -- in this case to Sacred Heart 18 Hospital so they have some idea what they were 19 dealing with?</p> <p>20 A. Mm-hmm.</p> <p>21 Q. So this isn't accurate, is it?</p> <p>22 A. Now that I'm looking at it, you're right.</p> <p>23 Q. What is it that you now believe is 24 inaccurate?</p> <p>25 MR. DAIGLE: Object to form.</p>	<p style="text-align: right;">Page 151</p> <p>1 reading -- if you read Vicki Thomas's note 2 underneath mine, the very last one where she's 3 cleaning him up awaiting for EMS, she says he 4 complains of neck pain.</p> <p>5 At no time did he tell me that he had neck 6 pain. And again, I asked him repeatedly, "Does your 7 neck hurt?" His answer was always a very clear no.</p> <p>8 Q. Did you know at 3:45 or 4:00 p.m. when you 9 went into his jail cell that he had not moved during 10 the whole time he was on his bunk?</p> <p>11 A. I was informed of that as I was on my way 12 in.</p> <p>13 Q. Why didn't you put that in this note?</p> <p>14 A. This is a very quick -- I mean, I'm not -- 15 you cannot have all the details in it.</p> <p>16 Q. But isn't the purpose of this note to tell 17 the emergency room at Sacred Heart as much as 18 possible so they can properly treat this man? Isn't 19 that the purpose of it?</p> <p>20 A. Yes, but I also --</p> <p>21 Q. So don't you think that it was important 22 that he laid without moving for four hours?</p> <p>23 A. But I also call and speak -- I also call 24 and give a verbal report.</p> <p>25 Q. Who did you call?</p>
<p style="text-align: right;">Page 150</p> <p>1 A. Oh, no, it is -- it is accurate. It is 2 accurate.</p> <p>3 BY MR. ROSENTHAL:</p> <p>4 Q. Well, it says moved by -- moved to clinic 5 by wheelchair for sutures.</p> <p>6 A. Mm-hmm.</p> <p>7 Q. So that was sometime between 11 and 11:30 8 in the morning. Correct?</p> <p>9 A. Yes.</p> <p>10 Q. Three hours later he complained of 11 decreased sensation. Is that accurate?</p> <p>12 A. What time -- yes. If it was 11:30 or so 13 that he got this --</p> <p>14 Q. And then it was at 3:45 that you were 15 called to his room.</p> <p>16 A. So I -- yeah, so I was off by an hour -- 17 or I was off an hour or so. Hours later he 18 complains of decreased sensation and movement in his 19 extremities.</p> <p>20 And then -- and here I write "as well as 21 neck pain," and I don't know why I wrote that, 22 because at no time did he tell me -- and I asked him 23 ad nauseam, "Does your neck hurt?"</p> <p>24 Q. So this is just a mistake that you made?</p> <p>25 A. Unless I was going off -- because I was</p>	<p style="text-align: right;">Page 152</p> <p>1 A. I called the charge nurse at RiverBend.</p> <p>2 Q. When did you do this?</p> <p>3 A. Probably right as I was doing this or 4 right after I did this.</p> <p>5 Q. When did your shift end?</p> <p>6 A. I don't work a shift.</p> <p>7 Q. When did you normally leave the jail?</p> <p>8 A. When my work was done.</p> <p>9 Q. When was that normally the case?</p> <p>10 A. It would be anywhere from 4 p.m. to 8:30 11 p.m.</p> <p>12 Q. Do you have to punch out somehow?</p> <p>13 A. I do.</p> <p>14 Q. So you have a time card kind of a thing?</p> <p>15 A. Yeah.</p> <p>16 Whenever we send anybody out, send them to 17 the ER, especially if it's something significant, I 18 will call and give a report.</p> <p>19 MR. ROSENTHAL: Will you mark that 20 spot where I asked about the punch card, please.</p> <p>21 BY MR. ROSENTHAL:</p> <p>22 Q. You know who Jacob Pleich is. Correct?</p> <p>23 A. Correct.</p> <p>24 Q. Did you see him that afternoon?</p> <p>25 A. Yes.</p>

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<p style="text-align: right;">Page 153</p> <p>1 Q. Where did you see him? 2 A. He was in the exam room when I was 3 suturing Mr. Green. 4 Q. He was? 5 A. For a very brief minute. 6 Q. Did he assist in any way? 7 A. No. 8 Q. Did you -- did you explain to him that 9 Mr. Green was going to be discharged within the 10 hour? 11 A. I don't recall if we had that conversation 12 or not. 13 Q. Did you recommend that they put Mr. Green 14 in a seg/med room? 15 A. No, I did not. 16 Q. Who made the decision that he had -- that 17 he should go to a seg/med room? 18 A. I don't know. 19 Q. Who usually gets to make that decision? 20 Is that a Corizon Health decision or is that a 21 sheriff's office decision? 22 A. That, more than likely, would have been a 23 security -- a corrections decision. 24 Q. Did you know that they were taking him to 25 a seg/med room?</p>	<p style="text-align: right;">Page 155</p> <p>1 have you ever seen this document? 2 A. No, I have not. 3 Q. As the PA during your shift, if there's a 4 mental health evaluation performed, are you -- do 5 you routinely know about it? 6 A. Not always, no. 7 Q. But do you usually know about it? 8 A. If the patient has medical issues as well 9 as mental health -- and a lot of our inmates don't 10 have -- you know, they either have one or the other. 11 If I'm not involved with them in a medical aspect, I 12 typically do not know. 13 Q. So is it your testimony today that you did 14 not know that Mr. Pleich did an examination of 15 Mr. Green on the afternoon of February 12th and 16 concluded that -- I'm looking down here at 17 assessment -- that he had a psychotic disorder, rule 18 out schizophrenia, paranoid type, and further 19 evaluation was required? 20 A. I did not. 21 Q. Should you have known that this was going 22 on? 23 A. It may have been nice to know, but it 24 didn't have any bearing on our medical. I mean, he 25 would have been kept down in seg. The psychiatric</p>
<p style="text-align: right;">Page 154</p> <p>1 A. Yes. 2 Q. Did that trigger the need for Mr. Pleich 3 to do a mental health exam? 4 A. I was under the impression they were 5 taking him to seg/med. There was an open cell. 6 There's room in there. They had the wheelchair. 7 They were going to help him get cleaned up. 8 I didn't know anything about a suicidal 9 ideation until all of this was said and done. 10 Q. Did you know Mr. Pleich did a mental 11 health status exam on Kelly at about -- well, 12 there's no time on here, but I'm thinking it was 13 approximately 2:30 p.m.? 14 A. I didn't, no. 15 Q. How long have you known Mr. Pleich? 16 A. Since we were hired together so -- 17 Q. Do you and he get along just fine? 18 A. Yes. 19 Q. Is he a responsible mental health provider 20 to your knowledge? 21 A. Yes. 22 (Deposition Exhibit No. 58 23 marked for identification.) 24 BY MR. ROSENTHAL: 25 Q. So I'm going to hand you Exhibit 58. And</p>	<p style="text-align: right;">Page 156</p> <p>1 team would have monitored him. Had he stayed 2 in-house for any longer, it would have been 3 something that I would have become aware of. 4 Q. How long would he have to have stayed 5 in-house for you to become aware of it? 6 A. It would depend on if he had any injuries, 7 if he required any medications. We do have a weekly 8 psych/med meeting so someone can be there for 9 several days before I know about it if they don't 10 require medical intervention. I don't -- I don't 11 need -- I don't know -- I don't need to know all of 12 that. I like to, but I don't always. 13 Q. I'm going to represent to you that I've 14 watched the videotape of when Mr. Pleich talked to 15 Mr. Green and that Mr. Green said to Mr. Pleich that 16 he couldn't move, and Mr. Pleich responded words to 17 the effect, "You've been cleared by medical." 18 Did Mr. Pleich ever tell you that 19 Mr. Green said he couldn't move when he went to see 20 him? 21 A. No, he did not. 22 Q. What happens to this piece of paper that 23 we've marked as Exhibit 58? Where does it go after 24 Mr. Pleich fills it out? 25 A. It would go in the patient's chart under</p>

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<p style="text-align: right;">Page 157</p> <p>1 the mental health tab. 2 Q. When would it get there? 3 A. Maybe immediately. I'm not sure. 4 Q. How would it get there? 5 A. Jacob would put it there. 6 Q. So when Mr. Pleich completes his exam he 7 would go back -- where is the chart kept? 8 A. In the clinic. 9 Q. Is it alphabetical? 10 A. Mm-hmm. 11 Q. So he would go back, find the chart, put 12 it in there. 13 A. Mm-hmm. 14 Q. So then when you went to write your 15 progress notes, you wouldn't have looked and noticed 16 it? 17 A. I wouldn't have had any reason to look 18 through all of the pages in his chart. 19 Q. Even though this was the most serious 20 injury situation that had come across your desk in 21 the whole time you had been working at Corizon, you 22 wouldn't have looked at the rest of the chart? 23 MR. DAIGLE: Object to form. 24 A. He should have come to me -- and that may 25 not have been in the chart at the time. But when I</p>	<p style="text-align: right;">Page 159</p> <p>1 numbers? 2 A. Mm-hmm. 3 Q. So what I'd like you to look at is 4 compression number 94. It's kind of in the middle 5 so you just have to kind of thumb through to find 6 it. Here's the picture. 7 A. Got it. 8 MR. ROSENTHAL: Ben, could I just -- 9 could you focus on this for a second? 10 BY MR. ROSENTHAL: 11 Q. So is that the way Mr. Green was slumped 12 over in the chair when he came into the clinic to 13 have his head sutured? 14 A. When the wheelchair was moving, yes. 15 Q. Do you know the name of the officer that 16 was moving him? 17 A. I think it is Rob Dotson -- 18 Q. Right. 19 A. -- but I can't tell. 20 Q. That's correct. And Mr. Dotson, when we 21 interviewed him a couple of days ago, said he had to 22 grab Mr. Green's shirt to keep him from falling out 23 of the wheelchair. Were you aware of that? 24 A. No. 25 Q. I've got another little video clip I'd</p>
<p style="text-align: right;">Page 158</p> <p>1 pick up a chart, I don't routinely look through 2 every piece of paper that's in there. I do what I 3 need to do. 4 I mean, that should have come directly to 5 me, but it did not. And I had no reason to think -- 6 with this acuity I had no reason to think that there 7 was something arbitrarily filed for me to find. 8 (Deposition Exhibit No. 59 9 marked for identification.)</p> <p>10 BY MR. ROSENTHAL: 11 Q. What is Exhibit 59? 12 A. I think this is what they call a red -- a 13 red sheet. I think normally this is a red, but this 14 is what looks like the suicide precaution form. I 15 typically don't have anything to do with these. 16 Q. Do you know Sergeant Peters? 17 A. I don't. I do know -- I mean, there's a 18 Deputy Peters. 19 Q. Deputy Peters. Excuse me. 20 A. I don't know him very well. I think I 21 know of him. And the reason I make that correlation 22 is because he is usually up in visiting. 23 Q. I'm going to hand you some -- what we've 24 marked as Exhibit 17. And you'll notice -- see in 25 the lower right-hand corner there's compression</p>	<p style="text-align: right;">Page 160</p> <p>1 like you to look at. 2 MR. ROSENTHAL: Got that, Ben? Tell 3 me if you want me to tilt it or something. 4 THE VIDEOGRAPHER: That looks fine. 5 (Video played.)</p> <p>6 BY MR. ROSENTHAL: 7 Q. Is that the way Mr. Green looked when he 8 was being wheeled in the wheelchair? 9 A. Yes. 10 Q. That's it. That's all I have for that. 11 I'm not done yet, but that's all I have for this. 12 You can go back to the witness stand -- witness 13 chair, please. 14 If Mr. Green was left alone in his jail 15 cell for any period of time after 3:50 p.m., was 16 that against your orders? 17 A. Like I said, I didn't give any specific 18 orders, but that would have absolutely been against 19 what a standard protocol would have been. And if 20 someone had to leave post, they should have notified 21 me or someone else to come stand in. 22 Q. Did you call Dr. Montoya at any time on 23 February 12? 24 A. No. 25 Q. Why not? I mean, didn't you think that</p>

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<p>1 some catastrophe had happened that day with</p> <p>2 Mr. Green?</p> <p>3 A. I did, yes.</p> <p>4 Q. Why didn't you call Dr. Montoya?</p> <p>5 A. Because I would have either spoken to him</p> <p>6 that night or the next morning. There would have</p> <p>7 been nothing that was going to change. I definitely</p> <p>8 would have -- would have spoken to him, and I wanted</p> <p>9 to find out what happened.</p> <p>10 Q. Well, did you call him that night?</p> <p>11 A. No, I did not. I didn't find out about</p> <p>12 this until about 11:30 at night.</p> <p>13 Q. When you talked --</p> <p>14 A. In fact -- I'm sorry to interrupt. I</p> <p>15 texted him that night and said, "We've had a pretty</p> <p>16 bad situation. I will talk to you about it in the</p> <p>17 morning."</p> <p>18 Q. Did you often communicate with him via</p> <p>19 texts?</p> <p>20 A. No. No. We -- we, 99 percent of the</p> <p>21 time, talk on the phone.</p> <p>22 Q. So when you talked to Dr. Montoya the next</p> <p>23 day, did you know yet that Deputy Sheriff Burnette</p> <p>24 had twice reported to the medical office that</p> <p>25 Mr. Green was not moving?</p>	<p>1 know, who said that?"</p> <p>2 I don't know if somebody's lying. I don't</p> <p>3 know if it was a misinterpretation. I simply don't</p> <p>4 know. I wasn't there. I didn't hear it. I heard</p> <p>5 hearsay. No one is saying that, "Yes, I did that."</p> <p>6 I really -- I can't tell you what happened.</p> <p>7 BY MR. ROSENTHAL:</p> <p>8 Q. All right. I apologize. I know I just</p> <p>9 asked you this a few minutes ago, but it's kind of</p> <p>10 the end of the day and my memory sometimes skips a</p> <p>11 beat.</p> <p>12 What time do you -- did you usually go</p> <p>13 home at the end of your shift?</p> <p>14 A. 5:30 or 6. And that's a guesstimate. I</p> <p>15 don't -- like I said, I have a very, very fluid</p> <p>16 schedule.</p> <p>17 Q. Is it possible that you were already out</p> <p>18 of the jail when the ambulance people came?</p> <p>19 A. I don't know. I'm pretty sure I would not</p> <p>20 have left unless he was gone. I can't say for sure.</p> <p>21 I would have to look at my time card and find out</p> <p>22 exactly, but I would be very shocked if that's what</p> <p>23 happened.</p> <p>24 (Deposition Exhibit No. 60</p> <p>25 marked for identification.)</p>
<p>Page 162</p> <p>1 A. I don't think that I knew that it was</p> <p>2 specifically two times. I had heard in passing that</p> <p>3 he had -- he said that he had called a couple of</p> <p>4 times and then there was the response about "Is he</p> <p>5 breathing? Then he's fine."</p> <p>6 I hadn't gotten all that -- I hadn't</p> <p>7 figured out all that transpired in that period of</p> <p>8 time.</p> <p>9 Q. Did you ever tell Dr. Montoya about that?</p> <p>10 A. Yes.</p> <p>11 Q. What was his reaction to that?</p> <p>12 A. He was upset as -- you know, as I was.</p> <p>13 Q. So was there any effort made to determine</p> <p>14 what nurse in the medical office had given that</p> <p>15 advice to Mr. Burnette?</p> <p>16 A. I don't -- I don't recall any. I don't.</p> <p>17 Q. Shouldn't -- wouldn't -- isn't it your</p> <p>18 view that whatever nurse said something like that</p> <p>19 should be disciplined or even terminated?</p> <p>20 A. Absolutely.</p> <p>21 Q. So why was no effort made by you or</p> <p>22 Dr. Montoya to find out what nurse did it?</p> <p>23 MR. DAIGLE: Form.</p> <p>24 A. When I, you know, talked to Sharon, when I</p> <p>25 talked to Leah, they both said, "Oh, my God, you</p>	<p>Page 164</p> <p>1 BY MR. ROSENTHAL:</p> <p>2 Q. Have you ever seen Exhibit 60 before?</p> <p>3 A. No. I have not.</p> <p>4 Q. Do you know what Exhibit 60 is?</p> <p>5 A. I see that it's a director's hold.</p> <p>6 Q. What's that?</p> <p>7 A. To be honest, I don't understand a lot of</p> <p>8 it. But it's my understanding of it is that when</p> <p>9 somebody is mentally ill enough, that they are put</p> <p>10 on a hold, that regardless of what the custody</p> <p>11 situation is that they remain in custody.</p> <p>12 But again, I don't have -- I don't have a</p> <p>13 clear understanding of what this is, of what the</p> <p>14 actual director's hold entails.</p> <p>15 Q. So you're -- as the physician's assistant,</p> <p>16 the primary health care provider at the jail, you're</p> <p>17 not told if Mr. Pleich puts an inmate on a</p> <p>18 director's hold?</p> <p>19 A. Not unless I'm involved medically.</p> <p>20 Q. Well, you were involved medically with</p> <p>21 Mr. Green.</p> <p>22 A. Yeah. I didn't know -- I didn't know</p> <p>23 anything about this.</p> <p>24 Q. Should you have?</p> <p>25 A. Yes. I mean, it wouldn't have changed --</p>